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BUREAU OF VETERAN REESTABLISHMENT

HEARING

BEFORE THE

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE
OF THE HOUSE OF REPRESENTATIVES

U.S. Congress.

SIXTY-SIXTH CONGRESS

THIRD SESSION

ON

H. R. 14961

JANUARY 7, 1921



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HOUSE OF REPRESENTATIVES.

SIXTY-SIXTH CONGRESS.

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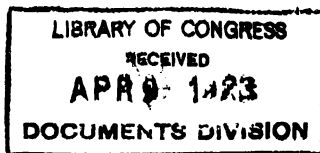
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BUREAU OF VETERAN REESTABLISHMENT.

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
HOUSE OF REPRESENTATIVES,
Friday January 7, 1921.

The committee met at 10 o'clock a. m., Hon. John J. Esch (chairman) presiding.

The CHAIRMAN. The committee will come to order. The committee has under consideration this morning H. R. 14961, introduced by Congressman Rogers, of Massachusetts, to establish in the Interior Department a bureau of veteran reestablishment, and for other purposes.

Mr. SWEET. It would seem to me that while the hearing is ostensibly for the consideration of what is known as the Rogers bill, it would be advisable, under all the circumstances, to have the hearings cover all bills of a like character which have been introduced during the present Congress relating to the transfer of the Bureau of War Risk Insurance to the Pension Department and the combination of certain bureaus under one head, either in the Treasury Department or the Interior Department. You remember that the Fuller bill was before the committee at one time (H. R. 1136), which had for its purpose the transfer of the Bureau of War Risk Insurance to the Bureau of Pensions; also the bill introduced by Mr. Fordney (H. R. 2022), which had for its purpose the transfer of the Bureau of War Risk to the Bureau of Pensions, and which was referred to the Committee on Invalid Pensions, and which, in fact, should have been referred to this committee. There is still a controversy as to the jurisdiction of the Committee on Interstate and Foreign Commerce and the Committee on Invalid Pensions as to bills of this character.

My suggestion is that the hearings be held on all bills that in any wise pertain to the transfer of the Bureau of War Risk Insurance to any other bureau or department of the Government.

Mr. ROGERS. Mr. Chairman, there are many gentlemen from out of town who desire to testify, some of them from Chicago, Cincinnati, and Boston. I shall therefore not take the time of the committee at this moment, but shall defer my remarks until later in the day. I should like to state at the outset that, in my judgment, a proper presentation of the case of the proponents of this bill will require five hours.

Of course, we are in the hands of the committee in this matter; and if the committee think that is an unwarranted or unreasonable amount of time, we shall perforce comply. I simply desire to indicate what our view is as to our needs,

The CHAIRMAN. In view of the pressure before the committee at this short session we probably can not devote more than to-day to it. But we are hoping that this afternoon we may have a session at 2 o'clock. I think the "aye" and "no" vote on the sundry civil bill

will be finished before 2 o'clock and they will take up another appropriation bill; so it will give a good opportunity for us.

Mr. ROGERS. So the program perhaps will be an hour or three quarters or two hours at this time and then as much as possible after 2 o'clock?

The CHAIRMAN. Yes. So you can arrange your hearing to suit the time.

Mr. ROGERS. That is satisfactory, I think, Mr. Chairman, and if I may I shall now turn over the conduct of the hearing to the acting chairman of the legislative committee of the American Legion, Mr. John Thomas Taylor.

The CHAIRMAN. Very well. Mr. Taylor, give your name and address and whom you represent.

STATEMENT OF JOHN THOMAS TAYLOR, VICE CHAIRMAN OF THE NATIONAL LEGISLATIVE COMMITTEE OF THE AMERICAN LEGION.

Mr. TAYLOR. Mr. Chairman and gentlemen of the Interstate and Foreign Commerce Committee, on behalf of the American Legion, the soldier organization composed of more than 2,000,000 ex-service men and women of the recent World War, I desire to express to you our thanks and our appreciation for this opportunity to appear before you on the Rogers bill, H. R. 14961, which deals with the situation of the disabled men in this country. This is a matter which is close to the hearts of the members of the American Legion. It is a bill upon which it seems as though there is almost no necessity to speak to the members of this committee or to any of the Members of Congress.

I know that every Member of Congress has received hundreds and hundreds of communications dealing with the situation of individual ex-service men back in your communities; I know the trouble that you have had. You have taken the matter up with the particular bureau having it in hand; you hoped and expected it would be cleaned up in a day or a week; you have gone after it week after week; and you met the same kind of a stone wall that the American Legion has met. You have become discouraged in your dealings with the bureaus; so have the members of the American Legion, to such an extent that it was necessary for us to establish at Indianapolis a service bureau which has handled hundreds of thousands of these cases. The situation reached a point where we became so discouraged that more than a year ago we started a thorough investigation to find out just what was the trouble, just why it was that the ex-service man was not getting from the bureaus those things which Congress really intended him to have.

We went into the matter very thoroughly, and at our last convention, in Cleveland, September 27, 28, and 29, with delegates from every State in the Union, with all the heads of the various departments present we gave this matter very careful study, with this result: The committee that considered it reported to the convention as follows:

As the work of the Government agencies was being reviewed by your committee and the resolutions presented were being considered, the thought which impressed itself most upon the minds of the committee was the necessity of

unifying the efforts of all agencies dealing with the welfare of the disabled ex-service persons. Duplication of effort by governmental agencies, differences of opinion, pride of accomplishment, and at times misunderstandings, without one head passing final judgment, is detrimental to the best interests of the ex-service man, whom the Government is trying to help. We can not conceive of a greater accomplishment for the American Legion than the securing of the passage of a law which will unify the efforts of all of the governmental agencies.

For those reasons your committee recommends that the Bureau of War Risk Insurance, the rehabilitation division of the Federal Board for Vocational Education, the hospital division of the United States Public Health Service, and other governmental agencies dealing with ex-service persons, and also such agencies as may hereafter come into existence, be coordinated under one directing and responsible head, preferably a new Cabinet officer, and that such head be charged with the responsibility of defining the functions of all agencies and controlling their efforts.

At that same convention we elected a new national commander, Col. F. W. Galbraith, jr., who is here to-day to speak upon this very bill, and his first act after being elected commander was to appoint a hospitalization committee to go into this matter and draft the necessary legislation.

That hospital committee, headed by Col. Abel Davis, of Chicago, who is also present, went into this matter throughout the country, came down to Washington, and prepared a preliminary bill which was turned over to the legislative committee, and we called in our good friend, John Jacob Rogers, of Massachusetts, who has a wonderful interest in the ex-service man, and he perfected this bill, which was presented to Congress.

The bill provides for the taking over into this new bureau of the War Risk Insurance Bureau in its entirety, of the rehabilitation division of the Federal Board for Vocational Education, that portion only of the Public Health Service which deals with the ex-service man, placing them under one responsible head, somebody upon whom you gentlemen of the Congress and we, the ex-service men, and the public generally can place our finger when we know that there is fault, as there has been in the past, to the detriment of the ex-service men.

Now, with that brief statement, gentlemen of the committee, I might say before closing that the bill provides for the transfer to the Interior Department from the Treasury Department, and the Secretary of the Treasury in his last report makes the following statement:

There are some activities of the Treasury having little or no relation to the fiscal operations of the Government which could appropriately be transferred elsewhere, relieving this department of large administrative burdens. These are the Bureaus of War Risk Insurance and the Public Health Service.

The Surgeon General of the Public Health Service recommends coordination of these bureaus. He believes that that is the only way to get the proper kind of service for the ex-service man.

Mr. Uel W. Lamkin, head of the rehabilitation division of the Federal board is a strong advocate for this coordination. Col. Cholmeley-Jones, in his report to the Secretary of the Treasury, makes the following statement:

Experience has demonstrated very clearly that it is unsatisfactory to the ex-service men and women and to the Government alike to separately administer several distinct services to ex-service men and women. Beyond all question, it would be to the mutual advantage of the Government and its beneficiaries if Congress would consolidate all Federal agencies dealing with ex-service men and women, centralizing responsibility, authority, appropriations, and disbursements.

So that the heads of the bureaus are for coordination; the Secretary of the Treasury agrees that those bureaus should be transferred out of the Treasury Department; and the ex-service men themselves come to-day to you gentlemen of the Interstate and Foreign Commerce Committee and ask that these bureaus be coordinated under one head and decentralized out into the field so that at last they will get the kind of service that we know you intended them to have.

With that brief statement, gentlemen, may I present to you Abel Davis, the chairman of the hospitalization committee of the American Legion?

Mr. SWEET. Just one moment. You speak of the bureau of the Public Health Service being transferred to the Interior Department. As I understand the Rogers bill, it only contemplates the transfer of such portions of the Public Health Service as relate to the Bureau of War Risk Insurance.

Mr. TAYLOR. That is what I said, Mr. Sweet; only that portion of the Public Health Service which deals with the ex-service man. That is all. Mr. Davis, Mr. Chairman and gentlemen, of Chicago.

STATEMENT OF ABEL DAVIS, CHAIRMAN OF THE HOSPITALIZATION COMMITTEE, AMERICAN LEGION.

Mr. DAVIS. My name is Abel Davis, 69 West Washington Street, Chicago.

I am appearing before you gentlemen this morning as the chairman of the committee of the American Legion on hospitalization and vocational training.

The American Legion has assumed the responsibility of ascertaining the treatment which the ex-service man receives at the hands of the Government when his personal disability makes it necessary for him to appeal to the Government for help.

Our general observation is that Congress has been ever ready to respond to a demand for the proper help of the disabled ex-service man. Our further observation is that Congress in its desire to meet the situation has taken advantage of all the existing facilities of the Government in order to help the ex-service man.

It is also our further observation that the Government of the United States was as little prepared for the reception and treatment of the victims of the carnage of war, as far as the disabled man was concerned, as it was unprepared for the war itself. We are not at all surprised with that particular condition and so we in our own minds have taken it for granted that Congress has done the best that it could as one situation after another arose. It is for that reason we believe that Congress has looked to the United States Public Health Service for the matter of hospitalizing the disabled ex-service man, for that was the best Government agency which existed at the time to which Congress could turn. It is for the same reason that we believe that in the matter of rehabilitation Congress has turned to the Federal board which was then functioning in other directions.

And in the same way when the matter of compensation came up, Congress has turned to the insurance bureau, but in its working out, the disabled man, the individual, who has been obliged to turn to the Government for help, has found it necessary to go to three or four

different agencies, when all that he was concerned with was one avenue through which he could get the particular help which he wanted.

It has been our observation that a man who has been sick and that a man who was unable to work found himself in this position, that in the matter of receiving medical treatment he had to go to one branch of the Government, to wit, the United States Public Health Service; in the matter of getting his compensation adjusted he had to turn to another branch of the Government, to wit, the bureau of compensation and insurance; in the matter of becoming rehabilitated and being made self-sustaining he had to go to a still third agency of the Government, the Federal Board for Vocational Training.

These bureaus were not in any way, and are not at the present time, coordinated, each one of the heads of the bureaus reporting to a separate individual. As a matter of pride in their particular work, as a matter of competition, as to the particular manner in which they were going to respond to the needs and wishes of the ex-service man, each particular bureau had the functions of the bureau in mind without correlating those functions with the other bureaus. The result, gentlemen of the committee, has been unsatisfactory. An impression has been created in the minds of the people of the United States of America that the Government has failed to do the thing which the Government is expected to do for the man who has become disabled as a result of his participation in the war.

We who have looked into the situation are satisfied that the Government, acting through Congress, has absolutely done everything that was asked at the hands of Congress.

There has not been a situation where a head of a bureau has ever said to us that Congress has failed to place enough money in the hands of that bureau with which to carry on the current work. The only criticism which has ever been made was that Congress has failed to appropriate enough money for the United States Public Health Service to make it possible for that service to build the necessary number of hospitals for the treatment of our patients, and I take it that that particular matter is not before the committee at this time, but with that exception—

The CHAIRMAN (interposing). It never was before this committee.

Mr. DAVIS. Never before this particular committee, as I say, but with that particular exception, every bureau head has told us that for the functioning of that particular bureau Congress has never refused the necessary amount of money for carrying on the work, and with all the millions of dollars that Congress has appropriated and with the best intentions in the world, the ex-service man has not gotten the thing which Congress and the Government of the United States intended that he should have, and he did not get it because of lack of proper machinery. And I want to emphasize that I am not stating this in any sense of criticism. I rather state it in the relation that the service men—the ex-service men—were dumped, so to speak, upon the hands of the Government; the Government did the best that it knew how with the existing agencies and there was no one agency which could take care of the whole matter and so part of the work relating to his compensation was put into one agency; that part of the work relating to his hospital treatment in

another and that part of the work relating to his rehabilitation in a third one. And the results have been such that when the man wanted help he could only think of the one Government, the same Government, for whom he had rendered the service, and he could not understand, and he can not understand now, why after he has been found to be unfit for work, and declared by his Government to be a subject for hospital treatment, his mind works about along these lines:

"Certain I am," he says to himself, "seeing myself in bed with doctors and nurses around me, that I am incapacitated, that I can not support my family, and that I am entitled to compensation or I would not be here," but it does not work out quite that way.

The bureau of compensation does not see him in bed, does not see him as a patient, but rather works on a pile of papers over here in Washington by way of reports and records, and from those reports and records tries to determine whether or not that man and those about him, and those who observe him have the best evidence in the world that that man is entitled to compensation.

And so, it is the same way when the man gets on his feet.

Mr. JONES of Pennsylvania. How would you change that?

Mr. DAVIS. The change that I would bring about would be to create one office with one man at the head of it and that office——

Mr. JONES of Pennsylvania (interposing). They would have to determine it on the record sent in here from the field, would they not?

Mr. DAVIS. If Mr. Jones will pardon me, in anticipation of that sort of question, the bill itself provides that a bureau be established with one head, and that that bureau be charged with the responsibility of treating all the necessities of the disabled man, whether that be hospitalization, compensation, or vocational training, and the bill also provides that whatever functions and powers are delegated by Congress to that particular head, shall also be delegated to such of his subordinates whom he puts in power in the different sections of the country, the idea being then that if certain regions are established, or departments, dependent upon the geographical division of the country at large, that in the same place where the man receives his hospital treatment and the same doctors would treat him, may also observe him and reach conclusions on the matter of his compensation.

Mr. SANDERS of Indiana. You do not mean that the doctor is going to visit the patient?

Mr. DAVIS. No; but the report of the doctor who treats him shall also be the basis for the decision of the compensation which ought to go to that man.

Mr. SANDERS of Indiana. After all, passing upon the matter ultimately would depend upon the documentary evidence, including the doctor's report?

Mr. DAVIS. That is right.

Mr. SANDERS of Indiana. Of course, that is the way it is done now.

Mr. DAVIS. The doctor who treats the man at the hospital is not in direct touch with the bureau of compensation.

Mr. SANDERS of Indiana. The bureau of compensation?

Mr. DAVIS. The Bureau of War Risk Insurance. He is not at all in touch with that bureau. What we have in mind is——

Mr. SANDERS of Indiana (interposing). Does not the Bureau of War Risk Insurance, in reaching a determination about the case, accept an affidavit from a doctor who has waited on him?

Mr. DAVIS. It would accept, I take it, from the regular records, but what happens is this, that when the man—to begin with, a man can not be hospitalized at all unless he becomes what is known under the present law a patient of the War Risk Insurance Bureau. Now, when he is examined for compensation, in connection with his application for his compensation, that examination is dispatched to Washington, to the Bureau of War Risk Insurance. At the same time, if the man requires hospitalization, as he ordinarily does, he is sent not by the Bureau of War Risk Insurance, practically, but by the United States Public Health Service to some hospital for treatment.

Now, the doctor who treats him is not in direct touch with the Bureau of War Risk Insurance. If in connection with the examination of the papers any additional evidence is required, it is, of course, possible that they would write to that particular doctor, but for the most part the case is decided on the record as of the date of the examination when he made application for compensation, and all the things preceding that, and the thing which I am emphasizing is that after all the doctor who treats him reports to the bureau—to the United States Public Health Service, and the United States Public Health Service, as such, has not any official relation or connection, and there is no coordination, between the United States Public Health Service and the Bureau of War Risk Insurance.

Mr. SANDERS of Indiana. Well, if it is desired merely to get the report of this doctor who has made the examination, of course, that could be accomplished by requiring—by having the law require that doctor to make a report to—

Mr. DAVIS (interposing). May I read section 6 of the proposed bill, which represents concretely the thing which we have in mind, which will help the situation:

SEC. 6. That the director shall establish a central office in Washington and suboffices at such places as in his opinion are necessary to carry out the purposes of this act. Any such suboffice may exercise such powers, if delegated to it by the director, as could lawfully be performed under this act by the central office in Washington.

So that the thought—

Mr. SANDERS of Indiana (interposing). That is true now with reference to the Bureau of War Risk Insurance.

Mr. DAVIS. It is not now, sir.

Mr. SANDERS of Indiana. It is true with reference to the Board for Vocational Education?

Mr. DAVIS. Yes; the Board for Vocational Education has 14 regional officers.

Mr. SANDERS of Indiana. Of course, we always have the question of whether decentralization is a good thing. I think we had that question up last session. But do you really think it would be a good thing to have the matter of hospital treatment brought under a different head from the United States Public Health Service?

Mr. DAVIS. May I answer that question in my own way? If you will let me, please. We believe that such facilities for hospital treatment as the United States Public Health Service now has should be utilized to the fullest extent, but we also believe that it is unfair to the

man who requires hospital treatment, and it is unfair to the Government which is trying to give him all that it has within its power for his treatment, to let that particular function be only a branch of an office or of a department of the Government which has so many other duties to perform. The United States Public Health Service has many other things to do besides the treatment of the disabled soldiers.

We believe that if a bureau is created that has for its function that one thing and nothing else—the treatment of the ex-service man—that that bureau should be made to utilize all the facilities which the United States Public Health Service has, and in addition to that the facilities that the Government has in other branches, such as the old soldiers' homes, the hospital departments of the Navy and the Army; but in addition to that, that that bureau shall be the one to tell Congress what other facilities are required, and to get those facilities from time to time.

In other words, we believe that in the matter of hospitalization, we ought to concentrate all of the functions of the Government into the hands of one person, whom Congress can hold responsible, and that one person and that one bureau, correlating and coordinating all the functions of the Government, not only in the matter of hospitalization but in all the other matters appertaining to the disabled man.

Let me give you just a general—and still it is a concrete—illustration. Under the law as it now operates, a man is in the hospital and at the same time he receives compensation from the Government. When he makes sufficient progress in the hospital so that the doctors as well as the Board for Vocational Training think that that man can be rehabilitated, can be taught a trade, and put on his feet and become self-sustaining and a useful citizen, that man from that moment on ceases to be a patient of the Bureau of War Risk Insurance.

His compensation over there stops. He goes on the pay roll of the Board for Vocational Training.

Here are the actual results which have been before us, before the American Legion, and to which the attention of Congress undoubtedly will be called if it is has not been called already. There are hundreds—yes; in fact, thousands—of instances where a man fails to receive his compensation because he was taken off the roll of the Bureau of War Risk Insurance and has not as yet gotten on the roll of the Board for Vocational Training. Now, even if the period is only two or three months, a man who is a ward of the Government and who has a family to support only gets from the Government just about enough, or hardly enough, to keep himself and his family going, and a period of two or three months without any compensation at all is disaster to him and his family; and, on the other hand, there have been cases—and a good many of them—where the Bureau of War Risk Insurance has failed to take a man off its roll and the Board for Vocational Training put him on its roll.

So that there are cases of men who have been drawing pay from both, and I am informed—I have not the official figures, but I think you gentlemen of the committee can get them—that at the present time there is a sum of over \$10,000,000 which the Government is trying to collect from families of soldiers who have been on this double pay roll.

Now, the Government has expended its money. It has overpaid certain men and underpaid other men, and so I could go on, if you

had the patience and the time, to give a great number of concrete illustrations. I do not know but what time would be made in the hearings if Congress would ask me or if this committee would ask me for names and numbers of claims, so I brought a few of them with me.

Mr. SANDERS of Indiana. I have no doubt you have a number of claims, because I quite agree with you that it is not a very satisfactory method of taking care of our soldiers under the present arrangement. But my particular question was directed to the idea of consolidating—well, not consolidating exactly, but of taking this question of hospital treatment of soldiers and putting it some place else outside of the Public Health Service. I think there might be more reason for uniting the Board for Vocational Education—they work generally with the bureau—than this particular hospital treatment.

Mr. DAVIS. May I say a word on this point? Just let us see if we can not have this clear in our minds. As far as the Bureau of War Risk Insurance is concerned, every thing that it does now affects, in one way or another, the ex-service man. It has not any other duties for any other class of citizens of the United States. That is true, is it not?

Mr. SANDERS of Indiana. Yes.

Mr. DAVIS. The difficulties are of two sorts when we come to the other two governmental agencies, the United States Public Health Service and the Federal Board of Vocational Training. The first difficulty is that both of these agencies have other duties to perform; have another class of citizens to serve; and I want to urge upon the minds of members of this committee that, having been in the field for no other purpose except that of helpfulness—I am an ex-service man who is just fortunate enough to have his health and to have a little spare time from his occupation, and I am delighted with the opportunity which is mine, the same as I know you are delighted with the opportunity which is yours, to be of some service to the other fellows who served over there, who were less fortunate and who are now crippled or in some way or other disabled; and from being in the field and from serving on this committee and from any number of conferences which I have had with the heads of the bureaus I have reached the conclusion which I hope you gentlemen will reach, that the task of treating and rehabilitating those who have returned to us disabled from the war is so huge and is so important that we can not select any one bureau or any one department and expect that bureau and that department, which has other functions to perform, to do full justice to the disabled service man; and I venture this suggestion, that if the Surgeon General, Surg. Gen. Cumming, or whoever else is the Surgeon General of the United States Public Health Service, were asked the question, that his answer would be very much along the lines of mine.

He and his staff and the whole department of the United States Public Health Service are doing everything within their power and doing everything they can to help the disabled man. But the manifold duties of the Public Health Service are such that it can not concentrate as it should all of its attention. It can not give all of its time, as it should, to the matter of hospitalization of the ex-service men.

Now, we have two medical experts who are going to speak to you later, but they will tell you and tell you in detail, that we have not reached the peak of the load; the number of the men that require hospitalization is on the increase every day and every week and every month. And the most distressing cases—the two classes of the most distressing cases are those of tuberculosis and neuro-psychiatric cases. The men who have been gassed, who have returned seemingly well enough to resume their positions in life, have not been able to stand the pressure, and we are getting hundreds and thousands of men who have been discharged from the Army seemingly well on our hands, suffering from tuberculosis.

The same way with the cases of nervous ailments, the so-called shell-shock cases. They are not on the decrease; they are on the increase, and our national experts, as well as the heads of the bureaus, say that they have not reached the peak, and that they might not reach the peak for 10 years.

Now, I say, Dr. Cumming, or whoever the man is—and he is an eminent physician and a splendid executive—the American Legion finds no fault with him as the Public Health Service has many other things to do. Time and again in my own personal experience, when I wanted to take up a matter directly with Dr. Cumming I found he was in some other section of the country, down South, investigating some report about the spreading of a disease in which the United States Public Health Service was interested.

Dr. Lavender, his assistant, who devotes all of his time to this particular branch of the work, has had to wait sometimes to get the opinion, the personal opinion, of Dr. Cumming on questions affecting the department of hospitalization of the ex-service men.

I say to you, gentlemen, that the task is so huge, it is so important, Congress as a matter of fact is so anxious to help; the people of the United States are so eager that these men be given all that we can give them, and that they be rehabilitated, that the only solution of the problem is a concentration of effort and the putting of the responsibility in the hands of one person. So that, when we come to the matter of hospitalization, in view of the fact that it is now in the hands of the United States Public Health Service, which has other work to do, our suggestion is to let the United States Public Health Service be helpful to this new bureau in the way in which we suggest in our bill; that is, that the new bureau and the new head of that work may call upon the United States Public Health Service to furnish such of its commissioned personnel as it is able to spare from the other work, but after that you gentlemen of Congress can say to that head, "Why did you not do this, that, or the other thing? If the Public Health Service could not do it, why did you not come to us and ask for appropriations or other helpful means to give you all the hospital and other kinds of help you wanted for the treatment of the disabled men?"

And in the same way in the matter of vocational training, a matter of putting them on their feet and making them self-sustaining citizens, of some forty or fifty or possibly eighty thousand young men who have been in the service, is such a huge task that the Board for Vocational Training, which is interested in all of the schools of the United States, has so many other branches of work that it is not the agency to do it; but this same man that looks after, through his

organization, the hospitalization of the man, this same head of the bureau and the organization which looks after his compensation and the support of his family while he is unable to support them, should be the same head and use the same organization for rehabilitation and for giving vocational training to that ex-service man, so that he may become self-sustaining and a useful citizen and a self-respecting citizen.

And so, gentlemen, it seems to us, and our suggestions are not based on any theoretical discussions with experts as to what is the way of handling problems of this sort—our suggestions incorporated in this bill through the kindness of Mr. Rogers, are based on our practical knowledge of the men, our practical knowledge of the situation, and our practical knowledge of the faults of the present system.

We are not here to urge upon you gentlemen any details which you may want to incorporate into a law based on your own experience as lawyers, but we ask at your hands for the incorporation into law of the principle that the Government is going to establish one unified agency to which it shall look for results in the matter of the proper treatment of disabled ex-service men in the three fields where help might be given—hospitalization, compensation, and rehabilitation.

I was delighted to-day to hear of the suggestion at the opening of the meeting that there are other bills here pending before Congress, and we know of some of them, looking to the pension organization as the one agency to look to for the handling of compensation to the ex-service man.

Other bills of a similar character—

Mr. SWEET (interposing). Now, your criticism here goes mainly to the service that is now being rendered the disabled soldier?

Mr. DAVIS. Yes, sir.

Mr. SWEET. And you believe that if it is all put under one head and a part of the Public Health Service absolutely under the supervision of that head, that in a very practical way—for instance, in compensation, you will be able to get such facts from the doctors under your supervision and from the men that are giving the information as to their disability as will provide a means by which they may be justly rated as to compensation?

Mr. DAVIS. Yes, sir.

Mr. SWEET. And what is true in regard to compensation would be true in regard to vocational training?

Mr. DAVIS. Yes, sir.

Mr. SWEET. And not only that, but it would bring all the papers together under one head in compensation, in war-risk insurance, and in vocational training?

Mr. DAVIS. Yes, sir.

Mr. SWEET. And instead of being shifted from one bureau to another and from one department to another, you would have some means by which, if a letter is written in to any one department, you would know what is being done in all the other departments?

Mr. DAVIS. You are correct, sir; absolutely correct. You have summarized the views of our committee and the American Legion admirably. You have put in a few words the thing which has taken us months and months to reach a conclusion on. It is exactly correct. That there will be one file regarding the case of John Jones; as it is

now, if any member of this committee would want to know something about the case of John Jones, if he happened to be a man who was a charge of the Government, you would have to go to the bureau for Vocational Training, for the man's status over there; the United States Public Health Service for the matter of hospitalization, and to the Bureau of War Risk Insurance for the matter of compensation. There are three distinct and separate files affecting the welfare of one man who is getting help from one Government.

Mr. SWEET. Not only that, but where the Public Health Service is simply doing the work in its own way without the supervision of the War Risk Insurance Bureau, the evidence that is sent is usually meager, question are answered "yes" or "no." There is no amplification of the ailments of the disabled soldier, and, therefore, in many instances, he has received a rating which is not correct or just.

Mr. DAVIS. You are absolutely correct, sir. I should be delighted to have you a member of my hospitalization committee. That is exactly the situation. You have not underestimated it one bit. You may add this, too, that not only is there no supervision of one bureau over the other, but to take the most charitable view of the situation, these bureaus vie with each other as to which should do best the work, with a result which is detrimental to the man who receives service from those bureaus. They are naturally jealous of each other's authority. There is always conflict. There are even, I may say, instances of "passing the buck," as a result of which the ex-service man suffers, and I do not want to create the impression before this committee that I am unjust or that I am hasty, but that I am just as charitable and fair as my own limitations will permit me, but I just venture this slight suggestion, that one might suspect a number of cases of "passing the buck," and you can not put your hands on one or the other, and it is bound to be so.

Mr. SWEET. May I suggest also, that by coordinating these matters, the case of a disabled soldier will be handled more expeditiously and not be strung out over a period of five or six months before the case is finally adjusted?

Mr. DAVIS. There is not any doubt about it. You may approach the problem as a whole or the case of each individual from any angle which you choose, and you are bound to reach the conclusion that the centralization of effort or the unification of effort and the centralization of power is bound to result beneficially to the ex-service man; and may I also venture the suggestion that it would result in tremendous economy and saving to the Government.

The CHAIRMAN. Then your plan under the bill would involve the establishment under this central agency which is provided for, of subagencies throughout the country?

Mr. DAVIS. Yes, sir.

The CHAIRMAN. Can you give the committee any notion as to the number of such subagencies?

Mr. DAVIS. Our basis for suggestion is the actual experience which the Board for Vocational Training has had. The Board for Vocational Training has 14 regional offices. It has 14 suboffices, and, in fact, in the original draft we suggested the duplication of that number, and then we thought that possibly Congress would want to leave that question open and give the director of the new department,

which we are calling the Bureau of Veteran Reestablishment, the power to establish such number of suboffices as experience and expediency may dictate from time to time, but we found that the Vocational Training Bureau with its 14 regional offices has been functioning much better than the other two bureaus which have insisted on everything coming right to Washington. You take in the United States Public Health Service, it is divided into districts. I happen to live in the eighth district, which includes the State of Illinois, my home State. As far as the supervisory work of the United States Public Health Service goes as to paper work and so on, the director of that district supervises all of the activities.

If there is any hospital of the United States Public Health Service located in that district, the superintendent of that hospital reports directly to Washington.

The CHAIRMAN. Now, in the bill that we passed through the House in the last session we provided, I think, for 14 regional agencies—

Mr. SWEET (interposing). Fourteen regional offices and such sub-offices as might be necessary to meet the situation.

The CHAIRMAN. We did that, carrying out the views you now express, but the Senate, as I understand it, has not yet acted upon that bill.

Mr. SWEET. It has not acted upon it.

The CHAIRMAN. So that this committee, so far as that feature is concerned, has committed itself to the proposition. Can you give the committee any notion as to the expenditure which would be necessary to maintain, say, the 14 agencies, when given all the work which will be given it under this bill?

Mr. DAVIS. I have not any figures, but I would like to suggest at this time that the Government is now paying the expense of maintaining 14 regional offices only for the Board for Vocational Training. Those offices are there and in my judgment the one person who is there supervising the activities with which the Board for Vocational Training is concerned could also supervise the activities of all of the other bureaus which we are going to consolidate, and I am not so certain that an additional expense will be required to maintain these 14 offices. They are here now; they are in existence now, and the Government is paying for the expense, but it is only affecting the activities of the Board for Vocational Training and not the Bureau of Compensation or the United States Public Health Service.

Mr. JONES of Pennsylvania. In your opening remarks, in speaking of the unification of these three branches or departments, you expressed the preference for a Cabinet head, department, or executive branch of the Government. This bill does not provide for any such creation.

Mr. DAVIS. We have tried to be practicable.

Mr. JONES of Pennsylvania. Why did you state that as a preference over and above a bureau in one of the present departments, as this bill provides?

Mr. DAVIS. In our national convention in Cleveland the thought was—and we believed it was based on sound consideration and good judgment—that the matter of the treatment of the ex-service man was so important that the Government might create a new portfolio charged with that responsibility.

Mr. JONES of Pennsylvania. Why would the person in charge of that feel any greater responsibility than the head of this particular bureau in one of the present departments?

Mr. DAVIS. Well, of course, we felt in our national convention that a Cabinet officer is much more important—one holding that position is, ordinarily, given credit for being of a higher caliber of mental equipment, executive ability, and the other attributes which go to make up our human activities, and so we felt that we would like to get the biggest sort of a man that we could, but we were informed in Washington that along practical lines we might hurt our cause of centralizing the effort by asking for a Cabinet officer, realizing that it is such a big question that it might take more time than Congress could give at this session, and so we have not asked for all that we thought we would like to have.

The CHAIRMAN. There would have to be some method of selection, because there are now pending propositions for the creation of other departments, a department of education and a department of public welfare, and I think probably two or three more—a department of public works.

Mr. DAVIS. We really had in mind, Mr. Chairman, just that thought, that it was such an important and big subject that we did not want to inject it here.

Mr. SIMS. Mr. Chairman, may I ask this question? Do you think that the work of the kind that you are now contemplating—than which there can be nothing more important—should be in charge of a man who is not a political appointee? In other words, Cabinet officers are politically appointed and politically removed, and do you think that the head of a bureau like this ought to be subject to political selection?

Mr. DAVIS. We certainly believe that he ought not to be subject to political selection.

Mr. SIMS. If he was a member of the Cabinet he certainly would be. That is what I wanted to call to your attention.

Mr. DAVIS. We are at least in appearing before you gentlemen at the present time not asking any more than we have suggested in our bill, and the suggestion made by you, Judge, is one of the many that entered into our consideration of the subject. We are not asking at this time that the work be put under a Cabinet officer. We realize that that might offer a number of complications.

Mr. SWEET. May I ask this question? Are you familiar with the Wason bill?

Mr. DAVIS. Yes, sir.

Mr. SWEET. Well, if this bill is passed it will, in a measure, do away with a part of the Wason bill.

Mr. DAVIS. It would. The object of the Wason bill is to decentralize the activities of the present existing bureaus, so that the thought which is back of the Wason bill is incorporated in this proposal with the addition of centralizing and coordinating all the present bureaus which are functioning at the present time.

Mr. SWEET. That portion of the Wason bill which refers to the establishment of the regional offices and suboffices.

Mr. DAVIS. Yes, sir. That is taken care of by the Rogers bill.

Mr. SIMS. Right in that connection, may I ask this question? That bill, as I understand it, is still pending in the Senate.

Mr. DAVIS. Yes, sir.

Mr. SIMS. All of this legislation is germane to it?

Mr. DAVIS. Yes, sir.

Mr. SIMS. Now, in order to get expedition, why would it not be practicable to present the very views you are presenting here, to the Senate, and have them amend the Wason bill so as to include these provisions, so that we might get action during the present session of Congress. When the Senate acts on it, it goes to conference and the House can agree to it.

Mr. DAVIS. If the committee of the Senate will be as kind as the committee of the House, I will be very glad to go before that committee.

Mr. SIMS. It seems to me that is the practicable way to get early legislation.

Mr. DAVIS. We propose to do that, if they will let us come before them, and I think they will.

Mr. COOPER. Mr. Davis, in your remarks you stated a while ago that you have been informed that the Government was trying to collect about \$10,000,000 which has been overpaid through duplication in power, etc.

Mr. DAVIS. Yes, sir.

Mr. COOPER. Now, it seems to me that in itself is a very good reason why we should have some such law passed as you are advocating here to-day.

Mr. DAVIS. Yes, sir.

Mr. COOPER. I seriously doubt if the Government can collect the greater part of that money back. I, as one Member of Congress, and probably the other Members, have had called to their attention by people back home where the Government was demanding a certain return of money.

Now, in a great many cases the families are in pretty bad circumstances, and they have no money to pay back to the Government, and I was glad that you made that statement, because I think that is one of the serious things that we ought to consider.

Mr. DAVIS. I just want to ask, if there is anybody here from Col. Cholmeley-Jones's office, if I am correct in my statement.

The CHAIRMAN. Mr. Cholmeley-Jones is here.

Mr. DAVIS. Is that \$10,000,000 correct?

Mr. CHOLMELEY-JONES. No, sir.

Mr. DAVIS. How much is it?

Mr. CHOLMELEY-JONES. \$220,000.

Mr. DAVIS. Well, I overshot. Col. Cholmeley-Jones tells me that the amount is only \$220,000.

Mr. CHOLMELEY-JONES. That represents a great many cases, however, that \$220,000.

Mr. DAVIS. And what is that \$10,000,000?

Mr. CHOLMELEY-JONES. That is overpayment on allotment allowances.

Mr. DAVIS. Col. Cholmeley-Jones makes this correction, which I am very anxious to make, too, that my figure of \$10,000,000 applies not in the duplication of pay rolls, but in the overpayment of allotments, and that in the matter of duplication of pay rolls the sum involved is \$220,000.

Mr. SIMS. Allotments are made out of the soldiers' pay and allowances out of the Government funds.

Mr. DAVIS. No; Col. Cholmeley-Jones meant that as a matter of payment of compensation by the Bureau of War Risk Insurance. Is that right?

Mr. CHOLMELEY-JONES. In the payment of compensation they have overpaid.

Mr. DAVIS. \$10,000,000?

Mr. CHOLMELEY-JONES. No; in the payment of compensation we have overpaid \$220,000, because of the complication between the rehabilitation section of the Federal board and the Bureau of War Risk Insurance. In the matter of \$10,000,000, approximately, it is overpayment of allotment and allowances of the soldier when he is discharged, in not getting the notice in time to discontinue it simultaneously with his discharge and we overpaid and then made an effort to collect it back.

Mr. SANDERS of Indiana. Did you over pay the allotment?

Mr. CHOLMELEY-JONES. And the allowance. You see, if a man was discharged in California and we did not get notice for two months, three months, four months, five months, or six months, then we had to continue paying, naturally, because we would not receive notice of his discharge.

Mr. SIMS. But that is not fraudulent?

Mr. DAVIS. No; none of this is fraud.

Mr. SWEET. And the allowance and allotment features of the war-risk insurance act, too, are dying out?

Mr. DAVIS. Yes, sir.

Mr. SWEET. That is practically a thing of the past; so it is really not involved, as I understand it, in the enactment of this legislation?

Mr. DAVIS. Not at all. The only thing of that particular feature which remains is the suggestion just made by the colonel, the cleaning up of this overpayment in the paying of allotments; but the two specific lines of work which are to continue for some time, and for a good many years beyond ourselves possibly, are the lines of insurance and the allotment of compensation for disabled men.

The CHAIRMAN. Mr. Davis, I do not want to restrict you in your interesting presentation, but we have quite a number of witnesses.

Mr. DAVIS. I have presented my matter and would be delighted to answer more questions. If there are not any more questions, I want to conclude by thanking the committee.

Mr. TAYLOR. Mr. Chairman, I desire to present the other gentleman. Mr. Sherburne, of Massachusetts, who has made careful study of the legal aspects of this matter. I will present him to you at this time.

Mr. SWEET. I would like to ask Mr. Davis just one question. In the bill introduced by Mr. Rogers you refer to it as the bureau of what?

Mr. DAVIS. Veteran Reestablishment.

Mr. SWEET. Do you believe it is advisable at this time to change the name of the bureau? Why would not it be better to still refer to it as the Bureau of War Risk Insurance?

Mr. DAVIS. There are two reasons. The first reason is that the Bureau of War Risk Insurance is not at all inclusive to indicate the activities of the Government; and the second is this, that we would

like to feel that in the name and the purposes and in the results what the Government is trying to do is to reestablish and rehabilitate the man. He is not receiving the care——

Mr. SWEET (interposing). Grant that, but is it not true that all ex-service men throughout the country are familiar with the term "Bureau of War Risk Insurance," and that if the name were changed it would lead to great confusion and they would still be referring to it as the Bureau of War Risk Insurance, when, in fact, the legal designation would be the "Bureau of Veteran Reestablishment."

Mr. DAVIS. The objection raised by you is unquestionably sound. I have only given the reasons why it occurred to us that a new name would be more proper.

Mr. SWEET. You are not particular as to the name?

Mr. DAVIS. Not at all, sir.

**STATEMENT OF JOHN H. SHERBURNE, 92 HIGH STREET,
BROOKLINE, MASS.**

Mr. SHERBURNE. I think perhaps it is not necessary to go very far in anything I may have to say, in view of the able summary which the gentleman from Iowa has made of the purposes of the bill. He has hit the idea that we have in mind excellently.

I may, perhaps, spend a moment in analyzing the existing conditions. In the first place, we have three laws passed at a time of emergency by Congress to accomplish an emergency purpose. The first was the War Risk Insurance, the insurance of the individuals as distinguished from the property, and this was given to the Bureau of War Risk already established for some years to insure vessels and property of the United States against loss in the war.

Secondly, we have the Board for Vocational Training. This is a board consisting, as I understand, of seven members, three members of the Cabinet and four outside members. It is more or less of an eleemosynary institution with large plans, and it was an available place for Congress to put the responsibility of starting the vocational rehabilitation of these service men.

Then, thirdly and lastly, the act giving to the Public Health Service the medical, hospitalization, and the building and selection of hospitals to take care of these men.

All three of these bureaus had other duties at the time; all three now have other duties, and the situation is, in itself, it seems to us, the cause of the present difficulties that we are all finding, which I know you gentlemen here in Congress have thrust upon you as much as any other class of the community.

What is the effect on the service man? To-day you have an office centralized in Washington to which he has to come, theoretically at least, before he can get anything, either compensation for disability, either hospitalization, or vocational training. Now, as a matter of fact, that is modified, perhaps against the law. A man is placed in a hospital immediately if he needs the hospitalization, but taking the arbitrary rule that has been laid down, it means that if a man in California desires to be aided and assisted by the Government, he has at the minimum a period of at least six weeks to wait before the machinery can be unwound. In other words, his application has to come to Washington, has to go back again to a local surgeon, has to

be examined there, has to come back again to Washington and go through the machinery here. The time alone, the time element alone, of transportation back and forth, is sufficient to do a terrific injustice in many cases.

The Bureau of War Risk Insurance, I believe, admits that six weeks is the average. We have many cases—and I know that you gentlemen also have many cases—where the period has run from six months to a year, and under the present conditions with this vast machinery, this complication in Washington, I do not see that you can do anything better.

Now, that is the first step that we want to cure, because at the present time the Government, although it is spending a vast amount of money, is not really reaching its object. The average soldier who is in need of hospitalization or compensation absolutely throws his hands up. He will not come, he will not endeavor, he will not get into this terrific tangle of red tape to get it. I can give you in my own experience at least 10 separate examples of men who are being helped privately by private charity, for whom we are finally putting through the Government aid, but whom we have had to absolutely force to make application for assistance.

We have felt that the first step was to eliminate a great deal of this red tape, and the only way to do that was to eliminate it by regional offices, and to give to a regional director the opportunity to settle the thing right there, right then and there, so that if a man has a disability or is entitled to hospitalization he can get it and know where he stands within a week or within a few days. That is the great salient feature of this law that we propose.

Mr. SANDERS of Indiana. May I interrupt you there? Is it your idea that these different regional offices would have final jurisdiction to act in each one of these different cases in the question of compensation, in the question of vocational training, and the question of hospital treatment?

Mr. SHERBURNE. Yes; that is the idea, as a general proposition.

Mr. SANDERS of Indiana. And each branch would have final jurisdiction to act ultimately?

Mr. SHERBURNE. That is the general proposition. There would probably have to be regulations made. For example, where a man's discharge does not show that the injury has been contracted in the service, or where there is any question as to the validity of the claim, there would probably have to be a reference and a search in Washington.

Mr. SANDERS of Indiana. Of course, there is always, so far as compensation is concerned, there is always the question of validity.

Mr. SHERBURNE. There would always have to be a reference.

Mr. SANDERS of Indiana. In other words, you always have to have proof, just as you do in any other case.

Mr. SHERBURNE. Exactly, but the proof—75 per cent of the proof at least is local affidavits—local proof. For instance, the affidavit of his commanding officer, that the man was gassed or that the man was placed in a hospital, even if it does not show in his discharge—75 per cent of that is local, or more. I have no definite way of fixing the percentage.

Those cases could be taken care of absolutely locally, and the regional board would merely have to go to Washington for verifi-

cation of the cases that were on the record doubtful or where no affidavit could be obtained.

Mr. SANDERS of Indiana. I am quite in sympathy with your idea of working out some plan by which action would be taken more speedily. I think it is very unfortunate, indeed, that there are such long delays, particularly in getting hospital treatment, but I am just wondering, so far as compensation is concerned, if there is any practical way by which you could delegate to regional offices the power ultimately to act on these matters, and if you did do that, since you have the necessity of making the technical proof, much of which is lodged here in Washington, whether that would help so far as compensation is concerned?

Mr. SHERBURNE. We felt that the director of this bureau and that the new bureau could work out regulations that would protect the Government against any fraud and yet would achieve immediate results.

Now, it may be that in some cases we shall find that practice will result in an overpayment to the man. I have no doubt that in some cases there will be either constructive or actual fraud.

Mr. SANDERS of Indiana. In so many cases men suffer before they get relief.

Mr. SHERBURNE. Yes; but it seems to me that is a minor objection compared with the great benefit of having the thing done and done promptly.

Dr. Paterson and Dr. Salmon are here as medical experts and they will tell you, especially Dr. Paterson, in the cases of tuberculosis, what a terrific, terrible injury this delay has done to a great many men in their treatment. As a matter of fact, in all probability the delay has been definitely responsible for a number of cases terminating fatally.

Mr. JONES of Pennsylvania. That delay is not necessary under existing law, is it?

Mr. SHERBURNE. The Bureau of War Risk Insurance states that the minimum time is about six weeks.

Mr. JONES of Pennsylvania. Well, even so, if the regional directors had absolute and conclusive jurisdiction, and whose judgment was final, some record would have to be sent in here to Washington before the voucher is recognized and paid, would it not?

Mr. SHERBURNE. No; I should think not.

Mr. JONES of Pennsylvania. Would you give them power to pay and issue checks?

Mr. SHERBURNE. I should think that that would be the only way, with such regulations for revision of the cases, checking up the cases, as was necessary.

Mr. JONES of Pennsylvania. If they pay it out the revision is unnecessary, because nine times out of ten they would never get anything back.

Mr. SHERBURNE. That is what I say, sir.

Our idea is that this present situation is exactly wrong, that you have got your machinery centralized in Washington and you are decentralizing your plan, your heads. In other words, you have now the vocational regional director, you have now the Public Health Service in the various places, and the Bureau of War Risk has got a

man in the various places and each different region is administered differently, under different rules of working the whole affair out.

Now, we have got to foresee—this is merely a temporary stop gap; the peak of the load is not yet. These medical gentlemen will tell you that the peak of this load, especially in tuberculosis cases and in neuropsychiatric cases, mental cases, will not arrive until 1927. I think that is the figure. We have got to work out some general plan for all of the various elements of this reestablishment proposition—and mind you, we want to be very emphatic in the word “reestablishment.” This is not a pension; this is not a service pension of any kind; it is not a bonus; it is given to men who have suffered on account of injuries through the war or connected with the war, and only to them.

First of all there is the money payment that is in the nature, the semblance of a pension, but it is very different when you analyze it.

Mr. SANDERS of Indiana. It is like a disability pension?

Mr. SHERBURNE. It is like a disability pension. It arises from an insurance policy. It is contractual almost, although it is wider than the mere contractual obligation on the part of the Government.

Then there is the vocational rehabilitation, giving men vocational training throughout the country, and then the great problem of hospitalization. Hospitalization divides itself into three different problems. One is the general medical case, one is the tuberculosis case, and third is the mental case. Hospitals have got to be built where they do not exist now, and especially in the latter two cases.

I believe that the medical sentiment of the country believes that the general medical cases are well enough taken care of by the existing facilities in the communities which are being used now or which are available.

Mr. SWEET. Does that apply also to cases of tuberculosis?

Mr. SHERBURNE. No, sir; just the general medical cases.

Mr. SWEET. Now, do you believe that there should be some legislation at this time relative to the rating of men suffering from tuberculosis? For instance, a man that was gassed and his discharge showed no evidence of tuberculosis, yet within a short period of time thereafter he really has a case of tuberculosis; should there be some legislation along that line to meet those cases?

Mr. SHERBURNE. I do not think it is necessary; no, sir.

Mr. SWEET. Or should that be left entirely to the present law and under the documentary evidence that will be produced to rate the men properly?

Mr. SHERBURNE. I think it is working out, sir. I do not think that we complain as to the working out of that at all.

Mr. SWEET. Quite a number of cases have come to my attention from Members of Congress along that line, in which compensation has been denied because of the fact, as stated by the department, that the tuberculosis could not be traced back to their service in the Army, and I was wondering what you might say in regard to that matter.

Mr. SHERBURNE. Well, that is a very difficult situation. Of course, those soldiers have the facility of the Soldiers' Home at their disposal. If there is any question, they can still be hospitalized in the Soldiers' Homes, which makes no question as to how the injury was contracted but simply the fact that they are soldiers. It did not seem, sir, that that was our problem at the present time. We were

endeavoring to take the existing laws which Congress has passed and put them into some workable condition, so that the service men might have the real benefit which Congress has intended them to have from these laws.

Mr. WINSLOW. I want to ask you, General, if you know to what extent any or all of these departments now are able to draw upon the War Department for records?

Mr. SHERBURNE. The Bureau of War Risk Insurance, I understand, has quite a large force for that work. I believe you ask them for information, do you not, Colonel?

Col. CHOLMELEY-JONES. We ask the War Department for information, which is usually furnished to us as we need it.

Mr. WINSLOW. Let me ask you, Col. Jones, is there any considerable movement to consolidate with the War Department any proposed bureau—to consolidate the War Risk Insurance Bureau with the War Department?

Col. CHOLMELEY-JONES. I should not say so—not War Department work.

Mr. SHERBURNE. Taking the general medical cases, I do not believe that there is any need of foreseeing any new construction of any hospitals or any greatly increased facilities over the present. As a matter of fact, those cases are blessedly on the decline. When you come to the other two classes, however, you have got a tremendous problem ahead. The tuberculosis cases, particularly, are on the increase. Tuberculosis carries with it a phase which must be kept in mind in the development of the problem. It carries with it a nostalgia, a homesickness, on the part of the individual man which keeps him from taking the treatment that might perhaps be best adapted to his situation. In other words, that tuberculosis situation has got to be worked out from two points of view; the man who wants to be treated near his family locally and the man to whom you can give treatment in the Adirondacks or in Colorado or at some other place; and to carry that second branch of the tuberculosis work out the bureau, through Congress, has got to construct sanatoria. There is no question about it.

Mr. COOPER. May I ask a question there? Can you tell the committee how the percentage of tuberculosis cases among the ex-service men compares with the percentage of tuberculosis cases in any other class of citizens?

Mr. SHERBURNE. Dr. Patterson is the expert on that. I do not want to dodge the question, but I feel he would give a so much better answer that he should be allowed to give it. My impression is—I have no idea of the percentage—my own impression is that it is higher, taking the normal man, ex-service or nonservice, that the percentage of tubercular cases in the ex-service man is higher.

Mr. JONES of Pennsylvania. Is it not a fact that a large percentage of the boys gassed have developed tuberculosis?

Mr. SHERBURNE. I think that is a question, sir, whether it is tuberculosis or gas. The symptoms are very similar, as I understand it. I am not a doctor.

Taking the mental cases as the third branch, there is the great proposition in the future. Dr. Salmon is going into that in detail, and I merely want to touch upon it at the present moment, that the Government to-day has the chance to salvage more human wreckage

than they have ever had in a similar situation before, and if this matter is worked out with a definite policy in mind, a definite development in mind, with the leading minds of the country in this particular branch of medicine to aid them, the results are going to be of extraordinary benefit. These men who are shell-shocked men, nervous mental wrecks, are in great measure curable, but if they are not taken care of, if they are not treated properly, they are not going to be cured, but on the contrary will be injured more than they will be helped, and unfortunately to-day that is the case in some instances. Dr. Salmon, I think, if you want, has a number of concrete examples.

Mr. BARKLEY. May I ask you a question there? I do not know whether you care to answer it or not, but I would like to have your views about it.

Getting back to the tuberculosis situation, in reply to Mr. Cooper you suggested that perhaps the percentage of tubercular cases among ex-service men was higher than it was among nonservice men. We in a general way have believed that the Army training to the young men of the country had strengthened them in their physical manhood and made them more able to withstand disease on the whole. If it is true, outside of the cases of gassed men, leaving them aside, if it is true that tubercular cases among ex-service men are higher in percentage than among nonservice men, what explanation do you have for that, if there is any?

Mr. SHERBURNE. I think the only explanation is gas.

Mr. BARKLEY. You can not leave the gas cases aside, then, and give an explanation?

Mr. SHERBURNE. I think it would be very difficult to leave that factor aside in the determination of that percentage.

Mr. SIMS. In that connection, the whole number of men gassed, in proportion to the whole number of ex-service men—four and a half million men—I take it, is very small?

Mr. SHERBURNE. Oh, yes; but the number of men in the hospitals who have been gassed—that percentage is very large.

Mr. SIMS. Yes; I know. I had reference to the whole body of ex-service men.

Mr. SHERBURNE. I would imagine that is true. I think, as I recall, the figures were somewhere between 70,000 and 100,000 men gassed—70,000, Dr. Salmon says.

Mr. JONES of Pennsylvania. You mean by that that 70,000 boys are in hospital now?

Dr. SALMON. No; that was the proportion of casualties from gas.

Mr. SWEET. What percentage of that 70,000 now is in hospitals receiving treatment for gas and the effects of gas?

Dr. SALMON. I think the Surgeon General's office might answer that question, sir. I imagine that most of them are under some other heading from the after effects rather than from gas itself. Dr. Patterson is the expert on tuberculosis and has that information.

Mr. JONES of Pennsylvania. I take it, General, from your statement of the necessity of hospitals and sanitariums, that they are not being taken care of. Is that correct?

Mr. SHERBURNE. There is a necessity in the tubercular and the mental cases, a very grave and very pressing necessity, that has got to be met before long if we are going to keep up with the increase that arises.

Mr. Rogers has handed me the hearing on the sundry civil appropriation bill from which I will read a sentence:

The disabilities for which these patients are under hospital care may be classified about as follows: Seven thousand nine hundred suffering from tuberculosis, 5,200 from neuro-psychiatric disorders, and 6,800 general medical and surgical cases.

Then, of course, in addition to that there is an enormous number of men who ought to be under care and who are not. My estimate, which is a rough one, is that there are about two men out of every hundred in the tuberculosis situation who ought to be under the care of the Government or of some medical board, but who are not.

Mr. JONES of Pennsylvania. You do not think there are enough hospitals and sanitariums now constructed to take care of them all? Do you think there is a necessity for the construction of new sanitariums and new hospitals?

Mr. SHERBURNE. That is a question that I wanted to have you ask, because that is just the question that the chairman or the chief of this bureau is the one who is to decide, and I do not want to answer it because it seems to me that what you want here in Washington is just such a bureau as this, just such a man who can answer that question, and answer it not merely from the point of view of one service or another service—the Public Health, War Department, or whatever it may be—but answer it from the point of view of Congress.

Mr. JONES of Pennsylvania. I understand it is beside the question, so far as consideration of this bill is concerned, but I took from your statement it was your conclusion that the soldiers who now ought to be in hospitals—and we have not got available hospital facilities to take care of them, and I wondered whether that was true.

Mr. SHERBURNE. Yes; that is true.

The CHAIRMAN. Are there any further comments? Have you concluded, general?

Mr. SHERBURNE. Yes; unless there are any further questions.

The CHAIRMAN. Are there any questions to ask Gen. Sherburne?

Mr. TAYLOR. At this time I desire to present Col. Galbraith, national commander of the American Legion, Mr. Chairman.

The CHAIRMAN. We will be glad to hear you, Colonel.

STATEMENT OF COL. F. W. GALBRAITH, JR., NATIONAL COMMANDER OF THE AMERICAN LEGION, THIRD AND LOCK STREETS, CINCINNATI, OHIO.

Mr. GALBRAITH. Mr. Chairman and gentlemen, in presenting the case, with your permission I would like to go back to the conditions which existed at the beginning of the war.

These men who went into the Army and Navy and Marine Corps of the United States were selected by the selective service act, the draft law, in the main for their physical qualifications and without regard to their desire and were brought into the military service. It is perfectly true that these men did not ask, in the main, to enter the service of the United States. There was an emergency, and under the selective service act they were brought in to serve the Government in the uniform of their country, not at their request nor

in the places where they might of their own opinion have served, but where the Government thought they should serve. They accepted that obligation willingly, in most places gladly, enthusiastically, and they entered the camps preparatory to becoming trained troops. They were put into a strange garb, the uniform of their country. They were put under military discipline, and with the blind confidence in the justice of the Government and in the system, they entered upon a course of training to fit themselves as defenders of the Nation. When they got to France they were just as enthusiastic—those that were fortunate enough to get there—and they considered themselves fortunate, and those who remained here in the camps or in other branches of the service were just as willing to go as those who went.

Now, the Government said to these men: "When you are disabled"—or to the dependents of those who paid the supreme sacrifice—"we pledge our national wealth and our sacred honor that you shall be cared for, and if you come back disabled we will, so far as it is possible, refit you for a useful occupation to take your place as a producing citizen." That was in the law. That was the intent of Congress. Congress took—or the Government took—the existing bureaus as the best bureaus that were available to serve these people.

Let me call the attention of the gentlemen of the committee to one thing. When we mobilized our wealth and our man power the Nation went to war; there was one fundamental which we overlooked and for which we are now paying, and that is there was no hospital building program. We seemed, with the other things, of which there were many, to have forgotten that in a great war these men, broken derelicts, were coming back, and the hospital building program, which should have been adopted at that time, was not adopted, and practically no hospitals were built, even civilian hospitals for the needs of the civilian population. Everything was subservient to the war, the successful prosecution of the war.

These people were good soldiers; they were good citizens, gentlemen. They are just as good citizens to-day as they were when they were the front-line defense. They are the kind of citizens that Congress intended should be taken care of. Congress has been generous. It never has refused to appropriate money for the care and treatment of these people, except in one instance, and that was on the question of the hospital bills of last year; and let me say this: I believe had I been sitting as a Member of the Congress I would have done exactly, with no more information, what was done. You were presented with figures which were supposed to have been facts, that there were available some 15,000 beds, so why build hospitals?

We realize that the question of money is important; that you are loaded down; that we are entering upon an era of reconstruction; but these hospital beds, gentlemen, have not developed into beds to take care of these people. Out of the total number at that time, which was the justification for not entering upon a building program, I think it has developed into something less than 2,000 beds of those that were to have been made available; and as time has gone on the ex-service people because of that and because of the lack of coordination and decentralization of these bureaus are suffering—they are suffering now.

I have been in hundreds of hospitals—not hundreds, but I have been in many hospitals; I have talked with thousands of ex-service men, and I know the conditions which surround them. It was my business, as the commander of the American Legion, to acquaint myself with this situation, and I have done it only to the extent to show conclusively to me that the condition to-day is a frightful condition and one in which the Congress and the people of the United States are deeply interested.

Taking up the question of the law as it stands now and the operation of the law, the gentleman who has preceded me has told you about that. There are a few little things, however, which I want to call to your attention.

The attitude of the bureau chiefs and personnel is important. In the main, it is that they wish to serve these people to the very best of their ability. Their heart interest, to our mind, is apparent, but they have the physical limitations placed upon them by the laws under which they are operating. Take, for example, the Bureau of War Risk Insurance.

The law does not provide for regional offices; it does not permit them to consolidate the files with the other bureaus, each one being charged with a definite responsibility. The War Risk Insurance is centralized in Washington, and it is up to the man in the field to prove his case. He is rather like a plaintiff in court; he must come before the Bureau of War Risk Insurance and prove his case. It is necessary for the case to be proved, of course; otherwise we would have a condition where around the finances of the country there were no safeguards. But he has to come to Washington with his case. Suppose he makes application; he is then referred to the board of examiners of the Public Health Service for examination. When that is made the file comes back to Washington. The committee, when it reaches this particular case, sits on the case and decides his rate of disability. Now, in the meantime, with justice to these bureaus who are really attempting to serve, if he needs hospitalization, the Public Health Service will hospitalize him in the best place that they have available for him. It is not true that there are places available for every man in the United States. It might be true that you could put him in some sort of an institution, but the fact remains that to-day these men are in about 1,300 hospitals, less than 100 of which are controlled, owned, leased, or operated by the Federal governmental agencies. There are approximately 1,200 where these men are farmed out at so much a day; and while the responsibility is still upon the governmental bureaus, it is impossible to supervise all of these various hospitals.

Think of it, gentlemen, that the real heroes of this World War are to-day suffering under those conditions. They are doing the best they can. Where a hospital is found to be bad, the Public Health Service and the Bureau of War Risk Insurance decrees that it shall be closed and the men sent elsewhere; but we are suffering from that lack of hospitals, of adequate hospitals. Now this man goes to the hospital. We assume that he is eligible for compensation. In other words, he is a compensable case. In the meantime the Public Health Service puts him in a hospital and then takes up the question of whether he is a compensable case. Cases have been filed in the Bureau of War Risk Insurance and the man's application has been in and on file for

in excess of a year. There are thousands of cases of men in the hospitals to-day who have families dependent upon them, who have never received a dollar of compensation to which they are justly entitled. I have sat by the bedside of men in hospitals; I have gone into their rooms where their wives were beside them, the wife living on the charity of good citizens, the man dying from tuberculosis contracted in line of duty, and he had never received, nor his wife nor children, one dollar.

Mr. SWEET. Right in that connection, a great many of them have never made application, have they?

Mr. GALBRAITH. That is true, sir. We are now cleaning up the United States through 10,000 posts of the American Legion, beating the brush and trying to get these men in.

Mr. SANDERS of Indiana. A great many, however, have made application?

Mr. GALBRAITH. Yes, sir; there are 87,000 cases on file with the Bureau of War Risk Insurance that have not as yet been acted upon.

Mr. SANDERS of Indiana. I don't want to interrupt your train of thought, but I want to ask you one question in that connection.

Have you ever investigated to find out where the real blame should rest for such a condition?

Mr. GALBRAITH. Yes, sir.

Mr. SANDERS of Indiana. Where should it rest?

Mr. GALBRAITH. The real blame is that these cases, the cases of these men, have to come to Washington. They are not familiar with making out the necessary proof; there never have been form affidavits in sufficient form prepared—these men are not lawyers and they do not know what is necessary; they are out in the brush and they don't know what an affidavit is. As an example, I sent a case recently, a recommendation for a distinguished service cross to one of my officers. I said to him: "These are the facts; if they agree with your recollection of them will you make an affidavit?" The statement came back from him, a signed statement, and he said in his letter, "I inclose an affidavit."

Now there is a skilled man and his statement is not an affidavit.

Affidavits have to be prepared, where the claim is in question, proving that the man is entitled under the law to compensation.

Mr. SANDERS of Indiana. You think the fault in a measure is due to the fact that the Bureau of War Risk Insurance did not have proper blank affidavits?

Mr. GALBRAITH. I have understood that under the law they have not been able to decentralize, and while they have their field representatives out they have only a limited number of field representatives and those men can not get over the country and see the men who are in the brush and do not understand these things.

Mr. SANDERS of Indiana. I think that is a very good idea to have these form affidavits, even where the affidavit is to be entirely blank with a heading at the top of it, "Affidavit," and at the bottom a place for the jurat and seal of the notary public. That ought to help some.

Mr. GALBRAITH. Yes, sir; there are many things that would help. The bureau is desirous of and is trying to help, but under the law they are not permitted to establish these offices, and how in Heaven's

name they can get in contact with these men except through the other agencies I do not know.

Mr. SIMS. May I ask, General, right there, isn't the establishment of such offices about the only thing that would reach all these cases rapidly and a sufficient number of suboffices, which is provided for under this bill, so that the suboffice may represent all of these now separate departments?

Mr. GALBRAITH. I think so.

The CHAIRMAN. Colonel, in the Wason bill, you know we provided for them. Has your organization made any particular effort to secure the passage of the Wason bill through the Senate?

Mr. GALBRAITH. Yes, sir; and we are now making such efforts. If the Wason bill were passed without regard to this particular bill it would be a step in the right direction. It would be helpful, but it will not cure, as this bill, we believe, will cure the entire trouble.

Mr. SWEET. There are two propositions. One is to get the information and acquaint the ex-service man with his rights, and next, is to get that information in such shape that when it comes into Washington the office here will be in position to pass upon it and the man be properly rated.

Mr. GALBRAITH. Yes, sir.

Mr. SIMS. Right in that connection the Wason bill is still pending before the Senate and presumably will be acted upon; could not that bill be amended so as to embrace all the features of this bill, or so much of it as the Senate might approve, and get action that much quicker than to try to get a separate bill through the House?

Mr. GALBRAITH. I am not qualified to say as to that. I am not a lawyer; I am a business man and I really express no opinion. If any bill might be amended so as to cover the provisions of the bill on which the committee is hearing, that would be what the American Legion desires.

Mr. SIMS. I am anxious to get expeditious legislation.

Mr. GALBRAITH. Anything that would expedite it would be of the utmost value and help.

Mr. SIMS. That is all I had in mind.

Mr. GALBRAITH. This ex-service man, if he is hospitalized, his second is then gone over to determine his rating. But mind you, the Public Health Service does not wait upon the question, to have the question absolutely determined; they take him in as best they can, give him the facilities which are at their disposal, so that no injustice may be done. Now, he gets into the hospital, the man with tuberculosis, the man with dependents, due to any trouble; his mental condition then due to the fact that he is being taken care of is going to help him get well. These people lie there and say: "I haven't had any compensation." I knew a case of one man who was getting \$8 a month and another man who was getting \$80; another case of one man getting \$20 and another getting \$80; and in some hospitals that have been visited by the American Legion, 75 per cent of the men in the hospital were not receiving any compensation whatsoever.

Mr. SWEET. The fact that one is getting \$80 and another is getting \$8 is largely due to the insufficiency of the evidence that has been sent in as to the man's actual condition.

Mr. GALBRAITH. That is one of the contributing causes, Mr. Sweet. The other is that the man's record in the bureau may have been revised by the board and at the particular time it was reviewed he was only entitled to that much, but that since that time he has developed this acute case of tuberculosis, and there has been no readjustment made of the amount that he is being paid. Now, how can a man, gentlemen, get well when he knows that his family—the ones that he loves as we love ours—hasn't food and clothing and coal? I don't know, and there are records of hundreds of men who have left the hospital and said, "I can't stay here; I have got to work to support them." That is the first duty of a man. Even a rat fights for its own, and they are fighting for their own. We want to make it possible for these men to get the thing which Congress intended they should get, swift justice, and that is all, nothing more. The American Legion believes it is its first duty to represent these men who were our comrades, and so far as it is humanly possible to present to Congress the evidence, in which we have no interest except justice to those of our comrades and who are actually paying with their blood to-day we want to do it. There are cases, of course—it has been said, "This man is a gold bricker." Well, the percentage of "gold brickers" an Army term for men who want something for nothing—is mighty small.

I went into one hospital where there were two men in one room, both with the same trouble. They had been there for months. I said to one of them, "How are you getting along? How about your compensation, lad?" "Why, I am getting \$80 a month." "Have you any dependents?" No, sir."

I said to the other one: "How about you?" "I aint getting nothing, boss." "Have you any dependents?" "I have got a wife and child."

Both were suffering from the same disease; both were living in the same room, one getting \$80 a month and the other nothing. What is the attitude of these men? Gentlemen, the attitude of these men is one of bitterness and resentment. They can not understand the difficulty. When they were in the Army it was one Army; the orders were the same and every man that did his duty—and most of them did it—did not question. They got their food, they got their rations; there was no red tape about getting rations; wherever they were they got them; if they came to one company and belonged to another, they were fed. Now, why is it? It is because of the fundamental law which provides on the one hand that the Bureau of War Risk Insurance shall not be decentralized; that it shall remain in Washington; that it is under one Assistant Secretary of the Treasury; that the Public Health Service, a splendid organization with 100 years of splendid record behind it, operated by men who are trying to do the thing, but who are under another Assistant Secretary of the Treasury; and the Board for Vocational Education, splendidly administered and doing a good piece of work, reports to neither one, and if there is anything wrong, who is responsible?

The CHAIRMAN. Wasn't there a recent order, Colonel, putting the War Risk Insurance Bureau and the Public Health Service, so far as they are connected with ex-service men, under one assistant secretary?

Mr. GALBRAITH. Yes, sir; so I am informed.

The CHAIRMAN. That has not been in operation long enough to develop efficacy?

Mr. GALBRAITH. No, sir. Now how they are going to arrive at a satisfactory conclusion when we have this lack of centralized responsibility and lack of decentralized effort, I don't know, except by the passage of legislation which will permit it.

The American Legion holds no brief for any particular bureau or department; it presents to you in a bill the principle involved, and it asks that you in your wisdom modify that in any way that it may be determined does not destroy the principle.

Mr. BARKLEY. This bill, Colonel, creates the Bureau of Veteran Reestablishment under the Interior Department?

Mr. GALBRAITH. Yes, sir.

Mr. BARKLEY. And consolidates under that bureau all the functions now being performed by the War Risk Insurance Bureau, by the Public Health Service, and the Vocational Board with respect to ex-service men?

Mr. GALBRAITH. Yes, sir.

Mr. BARKLEY. If that principle should be carried out in the law, what is the advantage of transferring this work to the Interior Department rather than consolidating it all under the Treasury Department, where it now is? Is there any advantage in one department over another if the object which you seek could be accomplished under the present departments?

Mr. GALBRAITH. It was the opinion of the Secretary of the Treasury that certain things should be taken out of his department—that is, largely this particular thing.

Mr. SIMS. And he mentioned this specifically?

Mr. GALBRAITH. Yes, sir; he mentioned it specifically. Further than that, in the opinion of the committee the Interior Department, which handles pensions and is charged with certain educational functions, with the care of the national parks, with certain schools, might be more satisfactory, as it deals with things which are more closely related than the Treasury Department, which apparently does not want it. One is fiscal and the other is educational and physical.

Mr. BARKLEY. The Secretary of the Treasury, in his annual report, recommends that these matters be taken out of the Treasury Department.

Mr. GALBRAITH. Yes, sir; but the American Legion does not ask, it simply suggests the Interior Department, and, if, in the opinion of Congress, it should properly go elsewhere the principle is not destroyed.

Mr. BARKLEY. Do you think that the transfer of all of these various functions from their present location to the Interior Department would occasion any confusion or any more delay in the administration of the law for the benefit of the men than has already been caused by the various elements of confusion that have entered into the original administration of the law?

Mr. GALBRAITH. Not even temporarily, sir; momentarily, possibly, but we believe that it can be so done; that the coordination is beginning to be perfected if the bureaus view the thing from a

heart standpoint and say: "Anything that we can do must be done to help these poor devils rather than to further delay it."

Mr. BARKLEY. Of course, this contemplates all of the various activities that are to be for the benefit of all of the ex-service men, whether in hospitals or out. Does it contemplate that the field agents of the Public Health Service, as they now exist, shall have any duties in any way connected with this legislation?

Mr. GALBRAITH. As to the practical operation of the field representatives of the Public Health Service I am not in a position to speak.

Mr. BARKLEY. It is contemplated by you and by the bill—I have not read the bill technically—that the Bureau of Veteran Reestablishment shall have its own corps of examiners throughout the country who are responsible to it and to no other department of the Government in the performance of their duty to these men?

Mr. GALBRAITH. Yes, sir.

Mr. BARKLEY. Have you examined or made an investigation to determine the degree of diligence with which public health officers, local public health officers, perform their duties in filling out blanks and making examinations and making reports to the bureau or to the Public Health Service?

Mr. GALBRAITH. No, sir; generally the Public Health Service, being highly decentralized, you can get almost immediate action on a case which requires hospitalization and treatment. The question of decentralization of the Public Health Service—it has been highly decentralized, more highly decentralized than any other bureau. They have local men outside of the large centers, local doctors who are available to examine men.

On the general question of dealing with all of the functions of the disabled men, the truth of the matter is, gentlemen, that we have been considering—I say "we"—the ex-service man has been treated theoretically, and in many instances practically, as three cases. Now, he is not three cases. He is only one man, one person, and yet he goes to these three agencies; he is immediately examined, a record made in the bureau, and when he is transferred to the Vocational Board another record is made, all from the basic records of the War Department plus the examinations that he has and the affidavits that he files.

In this bill we coordinate all of the things dealing with the disabled man and make him one case, one file, so that in your regional offices and in your other offices a man is examined as a compensable case for the Bureau of War Risk Insurance by the doctor for hospitalization and treatment, or by the representative of the Board for Vocational Education for vocational training, and he is one man.

Mr. MONTAGUE. Now, this procedure that you have in mind for decentralization and localization as to the doctor who makes the examination for hospital treatment—what will he do about the war records? Will he not be compelled to examine the war records?

Mr. GALBRAITH. Not for hospitalization, sir. The man should be treated just as a citizen needing attention, a man who has been in the service, and he should not be denied hospitalization because the records do not happen to be there. The usual custom should be followed.

Mr. MONTAGUE. Suppose the man was diseased; how are you going to find out whether the disease came from the service or not until you go back to the records?

Mr. GALBRAITH. Eventually you would get the records. You would immediately start to go back; but if a man required immediate treatment you would take him in and take care of him.

Mr. MONTAGUE. And if you found you were mistaken you would get rid of him?

Mr. GALBRAITH. That would be a question, then, whether or not he comes under the ordinary functions of the Public Health Service, whether it is a case for local treatment, or whatever it may be, but if a man requires hospitalization and treatment he should be hospitalized and treated, and then his record looked into. Most of these men can show—the larger percentage of them, being local, with their discharge paper, on which in many instances is noted the disability incurred in line of duty, and if there is a question hospitalize him and treat him and believe that he is entitled to it.

Mr. MONTAGUE. He ought to have the benefit of the doubt?

Mr. GALBRAITH. Absolutely.

Mr. SIMS. And you give him the benefit of the doubt?

Mr. GALBRAITH. Absolutely.

Mr. SIMS. He may die while you are trying to find out.

Mr. GALBRAITH. Yes; and you can't have any hearings over him after he is dead; put him in a hospital and treat him and have the hearings on him then and ascertain what he is entitled to.

Mr. SIMS. But give him the benefit of the doubt.

Mr. GALBRAITH. Yes, sir.

Mr. BARKLEY. These war records, as they affect the health of the ex-soldier, are mainly important in determining the matter of compensation anyway, not hospitalization.

Mr. GALBRAITH. Yes, sir; on the question of compensation the war records should determine.

Now, here is another rather illuminating thing to me. You take the question of the merchant marine, a man who is a merchant sailor can apply to the Public Health Service and receive hospitalization and treatment upon the showing of a master's certificate. If he hasn't a master's certificate he can make affidavit, his own affidavit, unsupported, that he is entitled to treatment, that he is a merchant-marine sailor, and he can receive hospitalization and treatment. On the other hand, the law which relates to the ex-service man provides that a man must be a compensable case, but that, as I say, from a humanitarian standpoint, in the name of humanity, has been waived, and you hospitalize him, treat him, and then look up his record. When the transaction is with dollars, that is not so.

Mr. BARKLEY. You said a while ago that consolidation would result in each man having one file through all the offices.

Mr. GALBRAITH. Yes, sir.

Mr. BARKLEY. Under the present law there are three different articles—one dealing with compensation, one dealing with allotments, and one with insurance. They are all separate in the War Risk Bureau, presided over by a certain chief, and they have certain files for all three of these different branches.

Mr. GALBRAITH. Yes, sir.

Mr. BARKLEY. Does this consolidation mean that any man who was entitled to compensation, who had insurance, would have one file in this bureau for all of them?

Mr. GALBRAITH. Yes, sir.

Mr. BARKLEY. And there would be no division?

Mr. GALBRAITH. None at all. It is in the joint office. There would be one file for one man representing all these different bureaus.

Mr. WINSLOW. Colonel, I am asking for information which I don't quite have in my mind now.

In the case of the Walter Reed Hospital, for instance, how would you expect the authorities of this centralized board—would you go on using Walter Reed Hospital?

Mr. GALBRAITH. Yes, sir.

Mr. WINSLOW. Under what conditions?

Mr. GALBRAITH. Using the hospital facilities, such hospital facilities, I think the language of the bill is, "Of the Army, the Navy, the Public Health Service, the Bureau of War Risk Insurance, as may be available." The Walter Reed Hospital, if I remember correctly, is an Army hospital and it has been turned over to the Bureau of War Risk Insurance and Public Health Service to take care of these men.

Mr. WINSLOW. That is in part, isn't it?

Mr. GALBRAITH. In part; yes, sir. In other words, they have have taken in certain cases.

Mr. WINSLOW. How would you discriminate between authorities representing the war risk, the centralized bureau, as you have it, and the War Department?

Mr. GALBRAITH. In the hospital?

Mr. WINSLOW. Yes; the War Department's hospital. Would you put those people out there in quarters just the same?

Mr. GALBRAITH. Well, what the financial arrangement is I am not familiar with that.

Mr. WINSLOW. I had more particularly in mind the consideration of authority as to treatment, etc.

Mr. GALBRAITH. There can be no division of authority in an Army hospital that takes in our men.

Mr. WINSLOW. Why not?

Mr. GALBRAITH. The Army hospital and Army hospital authorities are thoroughly competent and capable and have the deep interest of these men at heart, and if they care for them they are going to be well cared for.

Mr. WINSLOW. That is probably sentimentally all right, but suppose a different viewpoint should exist between the manager of the hospital representing the War Department and those in authority immediately representing this new department?

Mr. DAVIS. May I answer for my commander on that just a second?

The scheme is that the responsibility for the treatment, the care, and the rehabilitation of the man shall rest upon the new bureau. Admittedly that bureau would establish certain standards of treatment, would have certain requirements. It would use the Walter Reed Hospital or any other hospital owned by the War Department, and whenever this bureau would reach the conclusion that the Walter Reed or any other hospital owned by the War Department failed to do the thing which the bureau wanted done for our men it would

remove them from that hospital and put them elsewhere. The supervision of the men while in the hospital, of necessity, would have to be in the hands of those who had charge of the hospital. If it is a War Department hospital the Medical Department of the War Department would have supervision over that man. There can not be any other scheme except one of single authority in each hospital. In fact, the same situation would exist if the bureau to be created were to place some of our men even in private hospitals. Even there the authority would be in the hands of those who are at the head of the hospital. The bureau would visit, would supervise, would make certain requirements. If a particular hospital—and it doesn't make any difference whether it is a War Department hospital, a State hospital, or a private institution—if that particular hospital where the ex-service man was placed would refuse to do the thing which the bureau expects and wants, its only course would be to take that ex-soldier away from there and put him in another institution; but while he is in there the administration, the discipline, the treatment, would all be under the authority of the particular individual or set of individuals who were in charge of that one hospital. That is the idea which we have in mind.

Mr. WINSLOW. Now, that being accepted as a perfectly sensible idea, can you conceive that it might be very possible that the treatment which you would want accorded to the soldier might conflict with equally proper treatment which the managers of a hospital like Walter Reed might want to accord to their other miscellaneous patients and so make a conflict?

Mr. DAVIS. We have already found in our experience that that is exactly the practice now. The United States Public Health Service utilizes the facilities of the hospitals belonging to the War Department; we have already found out as the result of experience that the treatment is different, and not only the medical but the personal treatment of the man is different, and that the War Department authorities have ultimately solved the problem and have found it possible to treat men in the service, as well as ex-soldiers under the same roof and under the same administration.

Mr. WINSLOW. That can be demonstrated?

Mr. DAVIS. It has already been demonstrated. The truth is this, the War Department is not at all anxious to take on our men because of the additional difficulties which are being created by having under one administration a certain class of men that are subject to military discipline and the regulations of the Army, and another class which are not. But I should say, generally speaking, that the Medical Department of the War Department, as well as of the Navy Department, have solved the problem quite satisfactorily. The medical men believe, generally speaking, that, in fact, there is no disadvantage arising from a situation whereby different medical institutions under different heads handle the same class of cases.

In fact, talking only yesterday with one of the medical experts of the country he said this to me: "If your new bureau is going to establish a certain standard and make certain requirements, the fact that the hospitals of the War Department have some of your cases, the hospitals of the Navy Department have some of your other cases, the Bureau of United States Public Health Service still others, and then still other hospitals run directly by this bureau, will bring

about a situation whereby the competition for meeting the highest standards of requirements will result beneficially to the ex-soldiers receiving treatment in all those hospitals." In other words, the medical men believe that what is required more than anything else is standards and provision for certain requirements, and that the particular agency which ought to be charged with that responsibility is this new bureau which we are asking Congress to create.

Mr. WINSLOW. Have you had any experience in the line of soldiers, ex-soldiers, desiring to elect which hospital they will go to?

Mr. DAVIS. We have.

Mr. WINSLOW. For instance, between what we call the "civilian hospital" and the "military hospital," because they do not like the military, for instance?

Mr. DAVIS. I am delighted to answer that. We have not only had experience but have reached definite conclusions on that. The ultimate hope of every ex-service man and the ultimate hope of the American Legion is that the day will come when every ex-soldier requiring treatment will be in a hospital either owned or at least controlled by the Government.

The ex-service men resent—resent with their attitude and in words—the necessity of being in hospitals not controlled by the Government. They dislike very much being in county institutions; they dislike very much being in State institutions; they dislike just as much being in hospitals owned or controlled by the War Department or the Navy Department. They are happiest and most content in hospitals either owned or controlled by the Government itself and the particular branch of the Government which is interested in their case; and the ultimate solution of the problem, gentlemen, as we hope, will be the establishment of hospitals by this new bureau which are either owned or controlled by this branch of the Government.

Mr. WINSLOW. Is it a fact, then, that the ex-soldier does not like the military discipline of a military hospital?

Mr. DAVIS. It is absolutely a fact that he does not like it, and we do not blame him.

Mr. WINSLOW. That establishes that point.

To what point are you now utilizing beds in the military hospitals?

Mr. DAVIS. Only to a slight extent.

Mr. WINSLOW. Not very large?

Mr. DAVIS. Not very large. I think we can give you, perhaps, over here—you have them, have you, Dr. Lavender?

Mr. WINSLOW. What I wanted to get was an idea.

Mr. DAVIS. What would you say was the percentage, Dr. Lavender or Mr. Jones?

Mr. CHOLMELEY-JONES. There are about a thousand men in the Army hospitals and less than a thousand in the Navy.

Mr. WINSLOW. And all the others are provided for under some arrangement apart from the Army and Navy?

Mr. DAVIS. Yes, sir; all the others are either in private hospitals or county or State hospitals, except those hospitals which are controlled by the United States Public Health Service.

The CHAIRMAN. Have you about concluded, Mr. Galbraith?

Mr. GALBRAITH. I have about concluded; yes, sir. I would like to present to you for your consideration a statement which we consider

shows the advantages of consolidation, a portion of the advantages of the consolidation of activities under this bill. These agencies now deal for the Government separate and distinct from the other, with each ex-service man. This situation causes untold delay and confusion to the men. With only one agency this would be eliminated. There is an enormous duplication of work that would be entirely eliminated, three medical activities, three sets of positions, three sets of contract people, three of auditing and disbursing, etc., three legal sections, and the consolidation of these activities of insurance, compensation, treatment, and training would greatly increase efficiency if under a single jurisdiction. The channel of authority would be free from the one head in Washington to the other head in each district. This would eliminate the separate activities in the districts and put all the activities where they belong, under one head.

The identity of each of the existing agencies would be lost but the actual operation would be the same, except where they now carry on the same type and kind of work. The duplication would be eliminated and the work done by the division that can and should properly handle it.

There would be more actual benefit for the ex-service man with the same amount of money, less overhead, more efficiency, less delay, and more progress, not to mention the better morale and appreciation by the men themselves.

There would be no "passing the buck" from one agency to another. The cards must be kept on the table by the supervisory and directing officials. The Congress of the United States, the ex-soldier, and all others will know where to look for correction of defective carrying out of the provisions of the respective laws.

I would like to say in closing, gentlemen, that the morale of the men is extremely important for their medical recovery, and where a man is not receiving the compensation—and there are thousands of cases—they just can't understand it. They look with confidence, as does the American Legion, to the Congress of the United States to grant at the earliest possible moment the relief which is now necessary because of the inefficiency of the system without regard to its being due to any bureau; and as I say, we look with confidence to the Congress to remedy that situation.

Mr. BARKLEY. I notice here the name of this bureau is "The Bureau of Veteran Reestablishment."

Mr. GALBRAITH. The American Legion holds no brief for the name.

Mr. BARKLEY. The present Bureau of War Risk Insurance requires a long envelope to get the name on it when we write them. If there was some way to shorten the names of these bureaus so that they could be referred to more conveniently it might be an advantageous matter, in view of the fact that when the name is established—the Pension Bureau, for instance, is very short to refer to, and if some shorter name for this bureau could be devised I think it would be convenient.

Mr. SIMS. I want to ask one question. About what is the present membership of the American Legion?

Mr. GALBRAITH. There have passed through the American Legion about 1,600,000 American men and women.

Mr. SIMS. I mean the membership of the legion itself?

Mr. GALBRAITH. About 1,600,000.

Mr. SIMS. Does this organization exist in all the States of the Union?

Mr. GALBRAITH. In every State of the Union and all of our foreign possessions.

Mr. SIMS. How numerous are they distributed among the States?

Mr. GALBRAITH. There are 10,000 posts of the American Legion distributed in the United States.

Mr. MONTAGUE. In continental United States.

Mr. GALBRAITH. Yes, sir.

Mr. SIMS. And through that means of information you think you can speak accurately of what the conditions are and the wishes of the ex-service men throughout the country?

Mr. GALBRAITH. Yes, sir.

Mr. SIMS. Are there any other organizations of ex-service men, national organizations, I mean, except yours?

Mr. GALBRAITH. There are a number of smaller organizations of ex-service people. I think there were at one time 27. None of the organizations are as large as the American Legion, and I think, without fear of contradiction, I may say that all of the organizations are unanimous in the belief that the thing which we are advocating before this committee is necessary.

Mr. SIMS. That is just what I want to know, if there are other organizations, are they in line with the views you have expressed?

Mr. GALBRAITH. Yes, sir.

The CHAIRMAN. In that connection I will say that I have a request from Mr. R. E. Gates Sperry, national president of the Private Soldiers' and Sailors' Legion, who would like to be heard on this bill.

Mr. SWEET. The Board for Vocational Training at this time is not under the direction of any department?

Mr. GALBRAITH. No, sir.

Mr. SWEET. And under the provisions of this bill you propose to put it in the Department of the Interior?

Mr. GALBRAITH. The rehabilitation section only, sir.

Mr. SWEET. The rehabilitation section only. Has any opposition come from the Board for Vocational Training to this bill?

Mr. GALBRAITH. Not so far as I know.

Mr. Lamkin, the director of the bureau, has indorsed the bill.

The CHAIRMAN. Does that conclude your statement, Mr. Galbraith?

Mr. GALBRAITH. Yes, sir; thank you.

The CHAIRMAN. There may be two votes in the House within the next two hours. One will be possibly on the rule to put in order the paragraph relating to the Shipping Board which went out on a point of order, and, then, probably there will be a vote on the motion to recommit with regard to the Muscle Shoal proposition; but I think probably all of those matters will be cleared up by 2 o'clock, so we will recess until 2 o'clock, hoping that as many members as possible will be present at that time.

(Whereupon, at 12.20 o'clock p. m., the committee recessed until 2 o'clock p. m. this day.)

AFTER RECESS.

The committee reconvened at 3 o'clock p. m., pursuant to recess, Hon. John J. Esch (chairman) presiding.

The CHAIRMAN. The committee will come to order and resume the hearings. We will proceed with the next witness.

Mr. J. T. TAYLOR (chairman legislative committee American Legion). Mr. Chairman, I wish to present Mr. Marx, of Cincinnati, of the disabled soldiers' organization.

The CHAIRMAN. Give your name, address, and whom you represent.

STATEMENT OF JUDGE ROBERT S. MARX, COURTHOUSE, CINCINNATI, OHIO.

Mr. MARX. I am a member of the committee of the American Legion on hospitalization and vocational training.

Mr. Chairman and members of the committee, there is very little that can be added to the explanation of the bill that was made here this morning. However, I think it pertinent to call the attention of the committee to the fact that this bill is probably unique among the soldiers' beneficial legislation in that this is a bill to save the Government of the United States money. Many bills that have been proposed have been bills to expend money, and this is of the opposite character. It is a bill which, if enacted, ought to reduce the expenditure for the reason that it will cut out the duplication of the personnel, the duplication of office buildings, the duplication of officers, the duplication of files, the duplication of the number of examinations, and, in general, bring under a single administrative head and under a single officer work that is now performed by three departments.

There seems to be in the hearing an idea that I think is worth correcting, and that is that this bill in effect creates another and additional bureau. That is not the case. The bill does create a director and styles a bureau with a new name, but, as was said this morning, the name is not the important thing. In effect the bill does not establish an additional bureau. It creates no extended personnel of its own, merely providing for a single administrative head and bringing under that head the existing agencies, so that if there is any idea that this was adding to the number of the personnel or creating additional officers with additional salaries that is not the case. As I started out by saying it in effect will not increase expenditures and actually should result in a large saving to the Government in its actual operation, which I think at this period is a consideration not without weight. I mentioned this duplication, and I think I have some right to refer to the fact that I speak from some personal experience. While I can not add anything in addition to what was so ably said this morning, I perhaps can fortify it from the fact that I spent, after having been wounded, some seven and one-half months in eight or nine different hospitals in France and in America and have since been intimately in contact, personal contact, with the wounded and disabled men not only in my own vicinity but very largely from

coast to coast. An interesting example of the division of responsibility and physical division of officers may be found in my local city of Cincinnati, which happens to be the headquarters of the seventh district. A man who desires to present a claim there is always referred by the Public Health Service to the American Red Cross to fill out his papers. Their offices happen to be on Eighth Street, and he goes there and stands in line and waits until his turn comes. Then, after his papers are filled out he is sent for examination to another building, which is some eight blocks away, and that building is on Fourth Street, where there are two examiners of the United States Public Health Service, and there he stands in line and waits his turn to come again. After he has done this as far as any question concerning his papers is concerned he goes to some other department of the Public Health Service, which is in another building on another street, the Brymire Building, and then, if he is considering vocational training, he goes to still another building, the Denton Building, which is four blocks away at Seventh and Race Streets, where the Federal Board for Vocational Education has its offices.

I am told that in addition to that the Bureau of War Risk Insurance also has an agent in the city who by law is not entitled to any specific office there and he was told to locate his offices with either one of the other agencies or with the American Legion. So that we have in a city which is the district headquarters, this physical situation of three separate and distinctive buildings occupied by two Governmental agencies, with the American Red Cross in some other. I only mention that as a concrete example of what will happen under this bill as contrasted with what is happening to-day. Under this bill, those offices will be consolidated under a single head, the files will be consolidated, and there will be one examination by one doctor of one man for his one disability and he will not have to go to any other office except that one.

Now, the situation, as was very aptly described this morning, is a case of button, button, who has the button? You can not place your responsibility. It is divided. It is here, there, or the other place. Under the bill that is proposed you will be able to put your finger on the one man who is the single administrative head and hold him responsible.

The questions asked by the members of the committee to-day indicated the fact that we are unable to say now where, in this division of responsibility between Congress, between the Federal Board, and between three or four department heads, you can actually place the responsibility. The situation is unsatisfactory to everybody.

Mr. RAYBURN. Why do you want to change the name to the Bureau of Veteran Reestablishment? Most of these activities that have practically been of service to the soldiers of this war started with the Bureau of War Risk Insurance. Then the Vocational Rehabilitation Board was established after the war. Do you think that would bring about considerable confusion again among the men who knew these names to take on a new name?

Mr. MARX. Of course, there are now three distinct names with which they are familiar. They are all familiar with what they call the Federal board—that is a colloquial term for the Federal Board for

Vocational Education. They are all familiar with the Public Health Service, and they are all familiar with the Bureau of War Risk.

Mr. RAYBURN. It took them quite a while to get familiar with those.

Mr. MARX. Yes. As the national commander stated this morning, we have no particular pride in the name.

Mr. RAYBURN. Do you have any objection to naming this the Bureau of War Risk Insurance, or War Risk Bureau, or something like that? Do you have any objection to it?

Mr. MARX. I should prefer to defer in that particular to the vice chairman of the legislative committee or the chairman of our own committee; but, personally, I think the name is wholly immaterial; whatever name you give it the service men will become familiar with it.

Mr. RAYBURN. That is the reason why I wondered at the attempt to change it.

Mr. MARX. It was thought best, I imagine, because it would avoid some possible confusion in the legislation. In drafting the law you said the Bureau of War Risk functions should be transferred to the Bureau of War Risk Insurance. It seems better in perfecting the law, since you were creating a single administrative bureau, to take charge of these three functions which are now being performed by three independent heads.

Mr. RAYBURN. I am entirely in favor of that, but I am just talking about the name. I think it is very bunglesome the way it is. It is as bad as it can be. There is no question about that in the world, as to the duplication of work and having the ex-service men coming in and sending them to three or four places in one town. I am asking specifically about the name.

Mr. MARX. I think, if I might speak for the vice chairman of the committee, I think we would defer to the judgment of this committee on the question of the name.

Mr. RAYBURN. I was not fortunate enough to be here this morning. I did not know the committee was to meet. There is one other thing I wanted to ask you. What is your position in the Legion?

Mr. MARX. I am a member of the national committee of the American Legion on vocational training and hospitalization. I have come very intimately in contact with the disabled men, particularly because I am temporarily the head of a similar organization, but national in scope, of disabled soldiers.

Mr. RAYBURN. That is the reason why I am asking this question. I wish to get some information. Have you got any preference as to what department of the Government administers this? We now have the Bureau of War Risk Insurance under the Treasury Department, the Public Health under the Treasury Department, and the Federal Board for Vocational Education under another department. Had you rather that this would be under the Secretary of the Interior than the Secretary of the Treasury?

Mr. MARX. We would, for the reason that the Secretary of the Treasury has reached the conclusion that this work, which is primarily concerned, should not be in his department.

Mr. RAYBURN. You know that he will be changed in about six weeks?

Mr. MARX. Yes; but I think that judgment is one that is generally concurred in by both the bureau and departmental heads and by the members of the various veterans' organizations.

Mr. RAYBURN. Just why? That is what I am interested in.

Mr. MARX. The Department of Interior has charge of more work which is intimately related with the reestablishment and putting people back into civil life and self-support and self-sustaining citizens, running schools such as Indian schools and work of that character, which is not primarily financial, and it has been generally agreed after a great deal of consideration and discussion that the Department of the Interior was the better department of the two to administer the law. There has also been a recommendation by the Secretary of the Treasury to the effect that the United States Public Health Service be transferred out of his department and the probability is that the service will be transferred, if it is transferred, to the Department of the Interior.

Mr. RAYBURN. You are fixing to transfer this to the Interior Department and there is some talk here of dividing the Interior Department, and giving it two other names, and making two Cabinet officers.

Mr. MARX. If that is done I presume that logically when the division occurs all the soldier-welfare work, all work having to do with the reestablishment of disabled soldiers, will fall into that department which has been termed in the public press, at least, the department of public welfare; but that department has not been created and the Department of the Interior does exist and we are face to face with a real emergency.

Mr. RAYBURN. Just where does your emergency come in on transferring this department and giving it a name?

Mr. MARX. It is more than that. The name is immaterial.

Mr. RAYBURN. I am not talking about the name. I am talking about the name of the Cabinet officer.

Mr. MARX. It does not matter in which it is, in the Interior or the Treasury.

Mr. RAYBURN. That does not affect the emergency?

Mr. MARX. No; the emergency is to put through a bill which puts under a single administrative head all these items.

Mr. RAYBURN. I quite agree with you about all of that, but I am just trying to find the reason for transferring two departments that are well established in the Treasury and one that is not established under any to a new department.

Mr. MARX. As I say, the emergency is to put this under a single head. To which department of the Government they should go is a matter of judgment upon which the committee has as wide acquaintance or wider acquaintance than any of us, but we concur in the judgment of the Cabinet officers themselves and in the judgment of the bureau heads themselves that this work was not properly the work of the Treasury Department but was more properly the work of the Interior Department. I think Mr. Raeger, of the committee, has especially made an investigation of that and I would like to have him answer that question in detail.

Mr. RAEGE. I think he has in part answered the question. The Department of the Interior, as you know, has the Bureau of Pensions.

Mr. RAYBURN. Yes; and that is one of the ancient perquisites of the War Risk Insurance. Its formulation has not been made exactly along the lines of the old pension law. We had all that here a few years ago.

Mr. RAEGE. You have also the Indian Bureau in that department, which has schools and various activities that coincide with general rehabilitation of soldiers. We might mention the Bureau of Education. Rehabilitation is becoming more and more a problem of school facilities. Where can we get the schools in which to put the men? I think that it would be a wise thing to have the Federal Board closely affiliated with the Bureau of Education. We have the National Park Service which runs hospitals, which runs hotels, and I think the ex-soldiers some day might like to get into the Hot Springs Reservation. At present they can not do it. The land settlement features of the land reclamation are in the Interior Department. If the adjusted compensation bill should pass, the ex-soldiers will have a whole lot of dealings with that department. The Department of the Interior runs a hospital within a few miles of Washington where there are six or seven hundred ex-service men. The work that the Interior Department does is much more like the work that the Government would have to do in taking care of the soldiers than is the work of the Treasury Department.

Mr. RAYBURN. Is the question of hospitalization about the most important thing you have now with reference to ex-service men?

Mr. RAEGE. That is; yes.

Mr. RAYBURN. That is all under the Treasury Department and the Bureau of Public Health. As proposed in this bill, what has the Public Health to do with it except as it relates to ex-service men?

Mr. MARX. It is not proposed in this bill to transfer any of the functions of the United States Public Health Service except those with relation to the hospitalization, treatment, and medical care of the veterans of the Great War, but the Secretary of the Treasury has recommended that the United States Public Health Service be transferred out of his department, and we understand that legislation is to be offered and that there was a great deal of probability of its favorable consideration, of coinciding in that recommendation and the transfer of the United States Public Health Service also to the Department of the Interior, so that your entire Public Health Service would be under the Department of the Interior. All of it with relation to ex-service persons would be under the director of the bureau created in this bill. But the point I would like to make clear on behalf of the committee of the legion is that with respect to the name and with respect to the department those are matters upon which the judgment of the committee of the legion is wholly subject to the decision of this committee. We do not regard the department that it goes into or the name that you would call it as the vital thing. The thing that the legion regards as vital and as an emergency is the bringing of these three departments under a single head so that we

can fix responsibility and so that we can get action, and prompt action.

Now, I said that this was a bill which would save the Government money. That is not the big consideration. It will not only save money but it will save lives. And that is the big consideration.

The question was brought up this morning as to whether there was any urgency, or any urgent need for beds in hospitals. At the moment we did not have the figures, but we have them now, and I think they are referred to in this record; they can be found at pages 37 and 38 of the hearings before the Committee on Public Buildings and Grounds of this House, December 16 and 17, 1920.

The CHAIRMAN. Just incorporate those two pages in the record.

Mr. MARK. I would refer to the totals.

The CHAIRMAN. You can make them a part of your remarks.

Mr. MARK. I would like to incorporate Dr. Cumming's statement on pages 37 and 38.

The CHAIRMAN. Yes.

(The pages referred to are as follows:)

Mr. CLARK. Perhaps you can tell me how many you have got that you have not proper accommodations for; I will put it that way.

Dr. CUMMING. I should say about that number.

Mr. CLARK. About 3,000?

Dr. CUMMING. Yes, sir.

Mr. CHINDBLOM. Of neuropsychiatric patients?

Dr. CUMMING. Yes, sir; of those alone.

Mr. CLARK. Well, what other cases have you got that need treatment that you have not proper accommodations for?

Dr. CUMMING. We have these tuberculosis cases.

Mr. CLARK. How many of those have you got that you have not proper accommodations for, such as you would consider first-class accommodations for patients of that character?

Dr. CUMMING. We have of those 3,366 in contract hospitals.

Mr. CLARK. Here is what I am trying to bring out; perhaps some of the other gentlemen present can tell about this: We have just had a war; we have a lot of people that it is the duty of the Government to take care of. Now, we have just so many suitable rooms or beds for those people. You have a lot more that have not suitable accommodations. I want to find out how many there are, so as to try to determine what we need to do to take care of the rest of them; some of them are well provided for.

Dr. CUMMING. I think we have submitted an analyzed statement of that.

Mr. LAPORTE. There is this much to be said about that: There are approximately now an average of about 20,000 patients in hospitals, many of which are undesirable.

Mr. CLARK. That is what I wanted to know.

Mr. LAPORTE. But at the end of another year there will be 30,000, and all of that additional 10,000 will go to undesirable hospitals unless you provide buildings.

Mr. CLARK. That is what I am trying to get these gentlemen to tell us. What I want to know is this, Dr. Cumming: We are sitting here advising about this matter, and we have discussed this matter from month to month, and the delay is getting to be tiresome; we want to do the right thing, but we want to know what to do, and we can not tell what to do unless we get the correct information. Now, there are certain people to be provided for. How many are there?

Dr. CUMMING. There was, as of the week ending September 23, 1920, urgent need for 10,273 beds.

Mr. CLARK. Have you any means of knowing what it will be in a year or two years from now?

Dr. CUMMING. Of that number of urgent need for beds, 4,800 are for tubercular cases. We have all of this data analyzed by districts, and I will submit this statement for the record: There is urgent need for beds for 4,565 neuro-

psychiatric patients; for general medical and surgical cases, other than those two classes I have mentioned, there were needed at that time about 908 beds, making a total of 10,273.

(The statement referred to is as follows:)

Urgent hospital needs for patients of Bureau of War Risk Insurance.

[Week ended Sept. 23, 1920.]

District No.	Tuberculosis.			Neuropsychiatric.			General medical and surgical.			Total.		
	Number of patients now in hospitals.	Net number of Government beds.	Urgent needs.	Number of patients now in hospitals.	Net number of Government beds. ¹	Urgent needs. ²	Number of patients now in hospitals.	Net number of Government beds.	Urgent needs.	Number of patients now in hospitals.	Net number of Government beds.	Urgent needs.
1.....	351		500	456		500	543	820		1,350	820	1,000
2.....	938	470	500	805	80	1,000	804	970	130	2,547	1,520	1,630
3.....	295		500	575	420	580	260	60	150	1,130	480	1,230
4.....	268		500	940	(*)		509	660	138	1,715	660	638
5.....	1,244	2,186		218	200	300	302	905	50	2,264	3,291	350
6.....	327	500		117	85	350	347	375	70	791	960	420
7.....	396	540		328	1,000		458	352	125	1,182	1,892	125
8.....	416		500	441	630		843	1,673		1,700	2,303	500
9.....	257	75	500	462	200	300	790	611	120	1,499	886	920
10.....	215		500	115		120	323	334		653	334	620
11.....	1,412	1,000		91		300	140			1,643	1,000	300
12.....	900	829	500	448		500	364	880		1,712	1,709	1,000
13.....	176		300	82		115	171	275	125	429	275	540
14.....	674		500	99		500	438	956		1,211	956	1,000
	7,867	5,600	4,800	5,177	2,615	4,565	6,782	8,871	908	19,826	17,086	10,273

¹ The hospitals for psychoneurotic patients at Waukesha, Wis., 300 beds, and epileptic patients at East Norfolk, Mass., 230 beds, are not included in this column.

² The urgent need for neuropsychiatric patients are for the psychopathic (insane) group.

³ St. Elizabeths Hospital will supply the needs for this district.

⁴ Including 1,000 beds at Soldiers' Home, Johnson City, Tenn.

⁵ 500 beds in Alexandria, La., unsatisfactory, to be abandoned when practicable.

⁶ Will be exclusively for colored patients.

⁷ Including 500 beds at Dawson Springs, Ky., not completed.

⁸ These are in Soldiers' Home, Marion, Ind.

Mr. CLARK. That was last September?

Dr. CUMMING. Yes, sir.

Mr. CHINDBLOM. Does that include any patients who were in hospitals, however undesirable those hospitals might be?

Dr. CUMMING. Yes, sir. For instance, there were several wards burned down two or three weeks ago. I do not consider that those are beds that we can count on very much.

Mr. CHINDBLOM. Well, let us get those figures; how many patients are there now in undesirable accommodations who should be moved. Secondly, what will be the approximate requirements within the next year in addition to what you have now.

Mr. CLARK. That is it exactly.

Dr. CUMMING. We have considered, from that standpoint, that we need 10,273 beds.

Mr. CHINDBLOM. For patients now in undesirable hospitals?

Dr. CUMMING. Yes, sir.

Mr. CHINDBLOM. All right, now what will be the approximate requirements during the next year? What will be the increase during the next year? You can make a professional guess at it.

Dr. CUMMING. I want to say in that connection, that the present rate of increase far exceeds our previous estimate. May I read this short table for the record, giving the number of patients in hospitals June 30, 1919, and December 10, 1920 [reading]:

Number of patients in hospital.

	All patients.	War Risk Insurance patients.
Now (Dec. 10, 1920).....	23,170	20,070
June 30, 1919.....	3,174	1,500
Increase (about 17 months).....	19,996	18,570
Average monthly increase (about).....	1,170	1,090
Expected number in hospital within next 12 months at present rate of increase..	37,240	33,150
Expected number in hospital within next 12 months at half of present rate.....	30,200	26,610

Mr. MARX. That is made up as of the week ended September 23, 1920, and the need has been increasing every day since then. On that day the Bureau of War Risk Insurance made up this table, which is headed, "Urgent hospital needs for patients of the Bureau of War Risk Insurance." Tuberculosis, total of urgent needs, 4,800 beds; neuropsychiatric, total of urgent needs for hospital beds, 4,565. Then follow the general medical cases and the grand total of the urgent needs. The needs on Monday, September 23, 1920, amount to 10,273 beds that the Government needs and does not possess, so that you gentlemen can see that this legislation is one that will not only save lives but will save money. I am not trying to fix responsibility, because it is very difficult, but I have here a list, given me before I left home, of 51 delayed cases, as they are called, pending before the Bureau of War Risk Insurance.

Delayed compensations.

PSYCHIATRIC DEPARTMENT.

Name and address (Cincinnati, Ohio).	Claim.	Enlisted.	Discharged.	Papers filed.
William Cherdron, 1622 Walnut Street.	C-434706	July 22, 1918	May 29, 1919	May 14, 1920; additional affidavits, Oct. 1, 1920; total temporary. July 3, 1918.
Leon Holtzacher, 1538 Harrison Avenue.	C-337135	Apr. 10, 1917	July 26, 1917	
John Henson, 1325 Gerard Street, Covington, Ky.	C-313910	July 12, 1918	Sept. 19, 1920	Filed prior to Oct. 23, 1919; no award since Mar. 6, 1920.
George Yelgers, 1418 Knowlton Street.	C-382457	Sept. 19, 1917	Apr. 15, 1919	Apr. 24, 1920; additional affidavits, Oct. 8, 1920.
Arthur Eder, 10 Bach Street....	C-443346	Mar. 11, 1918	Dec. 19, 1918	July 14, 1920.
James Kyle, 730 Armory Street..	C-254127	July 14, 1917	May 14, 1919	No compensation since Apr. 30, 1920.
John Becker, 4515 Hamilton Avenue.	C-385427	Sept. 5, 1918	May 12, 1919	Mar. 26, 1920; additional affidavits, Sept. 27, 1920.
George Frey, 1507 Beech Street..	C-437338	Mar. 18, 1918	June 20, 1919	July 7, 1920.
Edward Uehlein, 1512 Linn Street.	C-415381	Oct. —, 1917	Dec. 13, 1917	Sept. 7, 1920.
Joseph Mayborg, 611 West Ninth Street.	C-391401	June 27, 1918	Dec. 16, 1918	June 2, 1920.
Charles Grote, 2131 Winchell Avenue.	C-283980	Aug. 7, 1918	Dec. 8, 1918	June 23, 1920.
Roy Bell, 821 East Third Street.	C-287881	May 30, 1918	June 7, 1919	Mar. 13, 1920.
Harry Deerwester, 816 Elm Street.	.....	Feb. 26, 1918	July 19, 1919	July 22, 1920.
Albert Walls, 2617 Cleinview Avenue.	C-328563	Apr. 17, 1917	July 14, 1919	Dec. 3, 1919; additional affidavits, Mar. 25, 1920; Aug. 9, 1920; Sept. 28, 1920.
Victor Edward Kracke, 761 Clinton Street.	C-284983	.....	Jan. 12, 1918	Aug. 6, 1919.
John J. Buckley, 512 East Sixth Street.	C-345580	June 24, 1918	Aug. 18, 1919	Jan. 8, 1920.

DISTRICTS NOS. 1 AND 2.

Name and address (Cincinnati, Ohio).	Claim.	Enlisted.	Discharged.	Papers filed.
Caswell Ingram, 2705 Ashland Avenue	449727	Oct. 29, 1917	Mar. 31, 1919	July 7, 1920
Payton Tivis, 3242 Gaff Avenue	411797	.....do.....	.....do.....	Apr. 23, 1920
Edward Fell, 2149 St. James Avenue (total permanent and insurance; trying to get her insurance)	263664	June 27, 1918	July 23, 1919	.....
Napoleon Quick, 2612 Stanton Avenue	418137	June 9, 1917	July 12, 1919	Jan. 12, 1920
Cecilia Carrol, 1505 Lincoln Avenue (insurance; permanently and totally disabled; working on insurance)	243062	Oct. 3, 1918	May 30, 1919	.....
Lincoln Fritsch, 393 Oregon Street (compensation)	268442	July —, 1918	Jan. —, 1919	Mar. 1, 1920
Floyd Brantley, 3060 O'Bryon	368142	Aug. 22, 1918	Dec. 19, 1918	Feb. 27, 1920
Frank Garrett, 4918 Plainville Road (compensation)	424228	Apr. 26, 1918	June 11, 1919	May 1, 1920
Albert Buckner, 3108 Cinnamon Street .....	.....	Nov. 27, 1917	Dec. 19, 1917	Mar. 6, 1920
Henry Wallace, 709 West Fifth Street	389366	Aug. 4, 1918	July 25, 1919	Mar. 3, 1920
Alpheus Harris, 815 East Bowen Street (can not connect disability with service)	285842	Aug. 28, 1918	Aug. 28, 1918	.....
John Wesley Grooms, 3912 Feemster Street	348670	Apr. 26, 1918	Apr. 12, 1919	Feb. 19, 1920
Lewis Higgins, 331 Smith Street (compensation)	176913	Oct. 27, 1917	Apr. 28, 1919	July 26, 1920
Herbert Coles, 617 East Sixth Street	133005	Aug. 4, 1918	July 24, 1919	Jan. 16, 1920
Emmitt Dickerson, 2603 Eastern Avenue (old), Owenton, Ky. (new) (compensation)	447744	Sept. 17, 1917	Mar. 21, 1919	June 5, 1920
Jacob Wilson, Shelbyville, Ky. (can not connect disability with service)	364990	Apr. —, 1917	Apr. —, 1917	.....

DISTRICTS NOS. 3 AND 4.

Name, address (Cincinnati, Ohio), and organization.	Serial.	Claim.	Enlisted.	Discharged.	Papers filed.
Silas Martin (deceased), 27 Washington Terrace, Pvt., Co. F, 317th Engrs. ....	.....	92637	Oct. 29, 1917	Feb. 15, 1918	May —, 1919
Riley J. Presser, Eighth and Trenton, Price Hill, Pvt., 17th F. A. (no compensation since May, 1920; district vocational training) .....	.....	141982	Sept. 7, 1917	Jan. —, 1919	.....
Clarence Minnie, 1513 Jones Street, Co. A, T. 8, Pvt., Light School, Gas Det., F. A.	3906864	462337	Aug. 28, 1918	Dec. 19, 1918	Aug. 3, 1920
Alva Noel, 1332 Linn Street, corp., Co. D, 116th Inf.	2006484	341928	Apr. 3, 1918	May —, 1919	Nov. —, 1919
George Moore, 6344 Lower River Road, wagoner, Sup. Co., 166th Inf.	2499243	450467	May —, 1917	.....do.....	July —, 1920
Jesse Moreland, route 1, Cleves, Ohio, M. G. Bn., Hdq. Co., 103d Inf.	1961840	.....	Oct. 3, 1917	Apr. 23, 1919	June 16, 1920
Walter Siess, 3904 Colerain Avenue, 330th Inf., Co. I, A. E. F. ....	.....	.....	.....do.....	Feb. 12, 1919	July 20, 1920
Charles Englert, 164 Warner Street, Hdq. Co., 15th F. A.	4122120	439689	July 22, 1918	Aug. 14, 1919	May 3, 1920
Tom Matthews, 1053 John Street, 317th Service Battalion .....	.....	.....	Mar. —, 1917	June 30, 1919	July 30, 1920
Carroll O'Shaughnessy, 3354 Evanston Avenue, Co. C, 12th Ry. Engrs.	162194	385535	June —, 1917	May 15, 1919	Mar. 21, 1920
Harry Burns, 4909 Carthage Avenue, Co. C, 1st Engrs.	154470	.....	June 28, 1917	Sept. 25, 1919	May 14, 1920
Abe Finkelstein, 512 Betts Street, Pvt., Hdq. Co., 132d Sig. Bn., 33d Div.	2425072	.....	Mar. 4, 1918	May 20, 1919	May 4, 1920
George W. Mueller (deceased), 1119 West Ninth Street, Navy, Great Lakes, Ill. ....	.....	427179	May —, 1918	Dec. 23, 1918	Apr. 23, 1920
Milton Henry Schwab (deceased), 1015 Findlay Street, Hdq. Co., 59th F. A.	4122164	449264	July 22, 1918	Feb. 3, 1918	July 9, 1920
Parker Hodge, 2638 Harrison Street, Pvt., Co. K, 166th Inf., U. S. A.	95058	330377	June 22, 1917	May 17, 1919	Dec. 10, 1919
James A. G. Major, care American Red Cross, 22 West Eighth Street, 4th Co., U. S. War Pr. Barracks (no compensation since January, 1920, while in Parkview)	573905	302256	Mar. 9, 1918	Aug. 4, 1919	.....
John Simms, 124 East Thirteenth Street, Pvt., Co. A, 333d Inf.	3527575	448927	June 29, 1918	Dec. 4, 1918	June 10, 1920
Percy Hall, 2016 Vine Street, Pvt., Co. E, 113th Inf.	1277948	.....	July 16, 1917	June 9, 1919	Feb. —, 1920

Mr. SWEET. Are those compensation cases or insurance cases?

Mr. MARX. Delayed compensation cases. In these cases the papers were prepared by the Cincinnati Chapter of the American Red Cross. All of them were pending more than six months. It was practically impossible to get action, because the chapter did not get action for six months, and so the executive secretary of the Red Cross came from Cincinnati to Washington in order to get action, and when she came here the cases were referred to a special agent, who went over them and in one week was able to pass on every one of those claims without sending back for additional affidavits.

Now, you may say those 50 cases were cases where there may have been doubt as to their validity, but I am talking now about cases that the bureau has passed upon so that we know about their validity, and I understand while we have not the action in each one of the 51 cases, of which I have the names and addresses and the claim number and the date of discharge and the date the papers were filed in each case, I understand from the secretary of the Red Cross that the claims were allowed practically as presented in almost every case, so that these—I might say 45, instead of 50 valid claims—were completed more than six months and were not passed upon until a special trip was made by the executive director of the Red Cross to Washington.

Mr. JONES. Will you kindly explain how we can remedy that by this bill?

Mr. MARX. I will be very glad to do that. It is remedied by section 6 of this bill:

The director shall establish a central office in Washington and subagents at such places as in his opinion are necessary to carry out the purposes of such act. Any such suboffices may exercise such powers delegated to it by the director as could lawfully be performed under this act by the central office in Washington.

Now, then, the difficulty and I think the explanation of these 51 delayed cases, and there are many more—I have only picked these out of the office—the explanation of the delay is the law requiring that those cases be passed upon here in Washington, and there is at present no authority to decentralize the Bureau of War Risk Insurance. If its work was decentralized, as it will be under this bill, you will divide the work and you will bring the district representative into the field, and you will get prompt action of the claims and that work will be cleared up in a very short space of time, just as it has been cleaned up in the Federal Board for Vocational Education, which since its decentralization has made remarkable progress.

Mr. JONES. Will you give the director of the bureau here any jurisdiction at all with regard to the review of these things?

Mr. MARX. Absolutely; and I think that point was not sufficiently stressed this morning.

Mr. JONES. If they are to have a review of the claims, you then necessarily will have the time of the transmission of the claim from the local organization to the Washington office, will you not?

Mr. MARX. In cases which are reviewed, yes; but any such sub-offices may exercise such powers if delegated to them by the director. In other words, he will prescribe the cases which may be passed upon directly in the field and establish the regulations for review, and as was stated here, although I am not quite sure—it was stated in the

committee hearing; it is worth restating—the question, assuming that the district office in the field decides that a case is compensable and orders compensation paid, compensation is paid.

Mr. JONES. Right there, the order of compensation paid—ordered from where?

Mr. MARX. Ordered paid from the district office just the same as the district vocational officer of the Federal Board for Vocational Education to-day decides in a district office that a case is only entitled to vocational training under the law. "That is my decision, because that man gets \$100 a month and free tuition."

Mr. JONES. And the check will come from where?

Mr. MARX. The check will come, in cases that require a check, from Washington, in the case of the War Risk Insurance, exactly as such checks come from the Federal board to-day. The Federal board, if it finds the district office has made a mistake, orders the man dropped from vocational training. If the central office in Washington finds the district office has made a mistake they will order compensation stopped. It is better, might I say, to permit a little discretion to be exercised by your district office, an occasional mistake to be made by your district officer, which will be remedied in the course of a month, at least, by Washington, than it is to have the men die while their claims are pending, which is what the first name I picked on this list did. He died while his name was pending in Washington. It was Silas Martin, Company F, Three hundred and Seventeenth Engineers, discharged February 15, 1918, papers filed May, 1919, and only passed on a couple of weeks ago.

I do not know that I have covered the matter. I think it is a very important question. I would not like to pass over that question without covering it to your satisfaction as far as I am able.

Mr. JONES. The serious question with me is that while I am in full sympathy with the coordination of these various things under one head, I am fearful that the ills that the American Legion complain of will not be cured in this bill. I do not see how they can be.

Mr. MARX. In what respect?

Mr. JONES. In the matter of delay. I think the delays will still exist. As far as the question of the efficiency of the men who would have charge of the particular work to be done is concerned, it does not make much difference what organization or what kind of an organization carries it out.

Mr. MARX. Now, I think, if I may, without being in contempt, differ with that opinion. I think a great deal of the delay to-day is due to the fact that everything must come to Washington and that in Washington they only see a file and a great many of the mistakes occur for the same reason. They only see a file of papers. What is required is more or less personal contact in the field. We have a concrete illustration that this will remedy the situation, because the Federal board was centralized in Washington and by an act of Congress they were permitted to decentralize and they did decentralize. They trained their personnel in Washington so that they would know what to do in the field. They gave them a little authority first and then a little more authority and, finally, they let them pass on whether a man was entitled to go into vocational training or not and then even gave out in California, as I understand it, the right to make their disbursements and pay the men in the field. When the system

began there were very few men in vocational training. How many applications were there pending in Washington?

Mr. RAEGE. Forty or 50 applications.

Mr. MARX. There were 40 or 50 applications piled up here, and if a system had been in operation about a year ago all these claims would pass through, and they ordered 66,000 to 70,000 men in vocational training, but very few claims were not passed upon. So we have got an example here in the bill of what the proposed law will do, or what we expect of it. My attention was called to the fact that there are 30,000 unanswered letters in the Bureau of War Risk Insurance to-day and unless my memory fails me there are some 83,000 claims that still have not been passed upon.

Mr. RAYBURN. How many letters a day do they have now in the Bureau of War Risk Insurance, if you remember?

Mr. MARX. The average is 25,000.

Mr. RAYBURN. How many did you say there were unanswered now?

Mr. MARX. Thirty thousand. We at one time got figures that there were 300,000 letters unanswered.

Mr. RAYBURN. There were 25,000 a day, at first, you say?

Mr. MARX. Yes, sir.

Mr. DAVIS. May I suggest that that illustrates the point which Judge Haner has been trying to make, that there are a number of cases which require attention, and it is unfair to the Government, unfair to the bureau, and unfair to the disabled man to insist that there is only one place, to wit, the office in Washington, where his case may receive attention.

Mr. RAYBURN. You must remember that we reported a bill to take care of that last session.

Mr. DAVIS. Oh, yes; the Wason bill. We have not any fault to find with what has been done. We are just trying to size up the situation as it exists to-day.

Mr. RAYBURN. I am just thinking that those 30,000 letters up there unanswered do not mean much. You say there are 25,000 letters a day received?—That would mean that they were only one day behind.

Mr. DAVIS. But it shows, if you decentralize 1 office or 25 offices, what the result will be.

Mr. MARX. I think if you will take the report of the Federal board you will find what has happened. In addition to the regional officers of the Federal board there are about 125 local supervisors spread out through the country, and they are absolutely up to date, and we hear very little complaint from the ex-service men in respect to delay in passing upon whether a man is eligible for vocational training. We do hear a great deal of complaint about the delay in hospitalization, and the delay in respect to compensation; and so I would urge that this matter be not debated upon the proposition of the name or the department, and that every day's delay in securing this legislation adds to the situation which is piling up, because the need for hospitalization is increasing every day.

As a judge I have been brought face to face with the facts, and I know the members of the committee have, in their practice or in their positions upon the bench, with the old maxim that justice delayed is justice denied, and it happens time and time again in these cases, and

we feel that once you bring these departments together with a single responsible head, with power to make rules and regulations, and to whom we can go for action, there will be no more passing of the buck, because you have got your finger on the responsible man; you have cut out the duplication and eliminated as far as possible the red tape. And once you get decentralization, and personal contact in the field, you eliminate the inequality and the mistakes, and you speed up the action on the individual cases, and your man gets justice and justice promptly. There is our case.

Mr. SWEET. I might suggest, while you gentlemen are here, that you urge the Senate to pass the Wason bill. The passage of the Wason bill, as I view it, will not in any manner interfere with the passage of this bill. In fact, this act fits right in with it.

Mr. MARX. We agree with you, Mr. Sweet, and that is one of the things.

Mr. TAYLOR. Mr. Chairman, I wish to present next Dr. Thomas W. Salmon, who, in France, had charge of the neuropsychiatric cases.

STATEMENT OF DR. THOMAS W. SALMON, 50 UNION SQUARE, NEW YORK CITY.

Dr. SALMON. Mr. Chairman, I speak only as a doctor. I am not a lawyer or an administrator but I have seen the needs of the mental patient at first hand, in France, and then upon my return. I came home with 55 of them on a ship and since then in 26 States I have seen the care of mental cases, in State hospitals, Public Health Service hospitals, and in the asylums, almshouses and jails, where some of them are to be seen.

I think that a study of the plight of the ex-service men will be of greater value to this committee than that of any other service men because it represents the precise defects under the law, and of the administrative agency by which it is administered.

At the very outset I would like to bring something to the attention of the committee which I think has not been brought to your attention before, and that is the size of the whole problem. There is an impression in some quarters that a great horde of ex-service men, some of them seriously sick and some of them slightly sick, are throwing themselves upon the Government to receive the hospital care or compensation, or both. I think every person in this room will be surprised to know the actual proportion of the 4,600,000 discharged ex-service men who are now receiving treatment in any kind of Government hospital, or in any hospital at Government expense, is just 1 in 230 of that great army of men. In France, on the day of the armistice, 1 man in 10 of the whole American Expeditionary Forces was in a hospital. At Harvard University to-day 1 man in 50, either in his room or in hospital, and cared for by doctors and nurses. So this army of ex-soldiers, far from throwing themselves upon the Government in great numbers, are for the most part finding their treatment elsewhere.

In New York the other day I had dinner with about 10 or 12 physicians who had worked in neurology and psychiatry in the Army here and in France, and I went around the table and asked each man how many ex-soldiers he had seen at his office or at the clinic to which he was attached in the last month. One man said 110,

another man 40, and another 60, and so on. Then I asked those gentlemen how much they had received in pay for caring for those cases. Not a single one of those men had charged one of those ex-soldiers a dollar, or had ever charged an ex-soldier a dollar. They had served in the neuro-psychiatric department in the Army, and their sympathy for the men continued after the war. So that the problem of the sick soldiers is enormously reduced by their own self-reliance, and unwillingness to go to the hospital for free treatment.

Nearly one-third of all the men now under treatment at the expense of the American Government are neuro-psychiatric cases. I think that we ought to get right in our minds what a neuro-psychiatric case is. It is not often a man with "shell-shock." It is not often a man with too feeble a mind to stand the rigors of war in the field. Six out of ten of those men are insane. They suffer from the disease which all of us dread more than any other that might come to us.

Mr. MERRITT. Are these neuro-psychiatric cases men who, when they were drafted, were normal, or were they on the road to becoming insane?

Dr. SALMON. The vast majority of all cases, up to the time of their Army service, had presented no evidence whatever of mental instability. No one can estimate the amount that has been saved to the Government by the exclusion of potential mental cases from the service by the neuro-psychiatric examiners at the camps, but there is no doubt whatever that the draft boards alone excluded a vast number of men who were either wholly or partially mentally disordered, who never became beneficiaries in the service at all.

It is not true, either, to say that all these men would not have become insane had they not gone into the Army. On the other hand, I think it is almost impossible for any living man to say that those men would have remained perfectly healthy or would not have developed their disease.

Mr. MERRITT. I did not ask that question because I thought it had any bearing on your answer.

Dr. SALMON. In that connection, one illustration may be of some value. I have heard it said sneeringly by those who do not believe in all this fuss about ex-soldiers, that they know of a feeble-minded man who was taken and passed and drafted into the Army, and who is now getting compensation. That was given as one of the most glaring instances of improper payment.

Let us see if this is necessarily so. I know a feeble-minded boy who was drafted into the Army and who is not getting compensation. He used to stay around a livery stable. He was an illegitimate child; no one knew who his father was. His mother was a prostitute who had left town. He slept on the hay in the stable and picked up a quarter or a half dollar here and there working around the livery stable and holding horses. That boy had found a level for himself upon which he could adjust himself even with his feeble mind. It was a pretty low level, but he was not a charge upon anyone.

The draft came and took him. His mental condition escaped detection until he had been six months in a training camp; and then he was discharged and sent off with only railroad fare, and nobody to supervise his activities. Since that time he has been alcoholic and arrested many times. Before that he had never been arrested.

He has had his whole world and all his standards of living dislocated. I think that where a boy like that has been taken right out of the surroundings in which he had made a place for himself, even in a livery stable, the Government ought to do something for him. We took this feeble-minded boy who had found his own level where he was, just as we have found our own levels, and dislocated his entire universe. I do not think that anybody ought to give him \$100 or \$80 a month, but I think the Government should reestablish him on the footing that he had before the war, or a little better. They can not make a mechanic out of him; they can not give him an education through the Vocational Board, but they can give him slight compensation, enough to make up for his defect, and that boy can be put back where he was before the war. That represents the very bottom of this list of mental disorders due to the war, which is represented at the top by a man with a piece of shrapnel in his brain. I do not think we can afford to draw the line and say to that boy, "You are responsible for your own brain, and if you got drafted into the Army you ought to have known better." We took these men as they were, and I think we took the responsibility for any injury we did to them.

Mr. BARKLEY. What would you do for that boy?

Dr. SALMON. He should first be carefully observed. I think no case should ever be based upon the single examination alone. He should be admitted to the special ward of a hospital maintained or paid for by the Government, and there he should be studied as to his whole capacity, to find how much of his condition was due to the degrading circumstances under which he was reared, how much was due to the organic defect of his brain, and how much to his military service. He should be kept there and rid of his alcoholic companions by just the little interval of his treatment there, and then he should be paroled under the charge of a social worker attached to that hospital. These social workers are women, who are giving their lives and their time to this work. They take care of the wayward girl who has a baby and has no one to care for her. They are aids in social readjustments.

A little compensation should be given to that boy, and he should have employment; he should be given a carefully selected job, and when that fails he should be given another one. That is not very much to do for an ex-soldier, and it costs very much more to allow him to become delinquent than to have to be committed to a penitentiary or reformatory. It is hard to understand how the war did dislocate the lives of these mentally unstable people unless you actually see them. It dislocated the lives of numbers of us who are more stable. I know of many men in my own profession who came home after the war and found no interest in their old practice or their hospital appointment and who found it took a year to adjust themselves. I know one man who was in command of a field hospital over there. I remember his swearing at the top of his voice every time I saw him. Whenever I had seen that man in action he was always mad. That was his mental reaction to war.

I often wondered what became of him. He was in charge of a field hospital, one of the very best men for this job I ever saw. I met him here at last, and I said to him, "Doctor, how are you getting along?" He said, "I don't know; I have thought a good deal about it, and

have wanted to see you. Something funny has happened to me. I have not any interest in things, and I do not feel glad or sorry about anything." He said again, "I was glad to see my wife and kids, but I don't seem to be able to get down to business." That man had used up in the responsible work he had in the service at the front a lot of emotional force, and he is now suffering from a slump. I do not say that he is a war-risk case. But he was an educated man, with normal mentality, and he had difficulty in adjusting himself. So that I think it helps us to understand this poor feeble-minded boy who was snatched right out of his humble place and the stability of his whole world destroyed—the whole world put out of joint for him.

I want to bring out one other point, with your permission, and that is the lifetime problem that is constituted by these mental cases. They do not go to a hospital and there have some medicine applied and some training given and then require no more. Most of them slump. They need supervision, they need partial compensation while they are out, and they need, more than any other cases, supervision. Hospitalization, vocational training, and compensation; those three administered in the proper proportions can do more for these cases than we have been able to do for any other type of mental derelict.

Now, gentlemen, I do not want to take your time to discuss things which are outside my own province; that is, how these cases suffer from the present type of supervision. But what chance has a man got who presents an intense medical, social, and economic problem through his mental disorder, when everything that relates to him is split up between three different authorities who are not even informed, any of them, of what the other authorities have decided was best for him?

Let us take one more example. A boy with a slowly developing mental disease gets arrested for writing a threatening letter—and I have in mind a case of exactly that kind. A decentralized Federal deputy marshal arrests him; a decentralized Federal district attorney prosecutes him; a decentralized circuit judge sentences him, and he goes to a Federal penitentiary. That whole process is conducted under one department—the Department of Justice. The only example in the United States where a judicial department conducts prisons is to be found in the Judicial Department of the United States. No one has to wait for authority from Washington to deal expeditiously with this ex-service man. His case is not split up among three bureaus.

If there is not room in a Federal penitentiary for this man, he is then sent to a contract penitentiary or to a contract jail, paid for by the same department which cares for him; and there he is visited by a representative of the Department of Justice to see that he gets the proper food, and that he is not badly treated. My own work has taken me to a good many jails. I visited at one time almost all the jails in a certain State. The first question asked by the sheriff was, "Are you from the Department of Justice?" I said I was not, that I was sent by the governor of the State. He said, "I am glad to hear it. These fellows from the Department of Justice cause us a great deal of trouble. They come around, and they complain about the food, etc., and they get these men all upset." That is the kind of treatment that an ex-soldier receives if he is convicted of crime.

If, instead of that he becomes insane, he goes to any local asylum or county almshouse, and there he lies, without any visitation at all on the part of any representative of the United States to see whether he gets what the Government is paying for or whether he is well or ill treated. I know a private institution in New Jersey in which to-day there are nine ex-soldiers. It is one of the poorest, meanest places I ever saw. It looks like a poorhouse inside and outside, and there these young men sit the whole day long, staring at the floor or at the demented cases, most of them old people. Their "treatment" is paid for by the United States Government. They were visited by myself and the chief of neuropsychiatry, of the Public Health Service, and we sent an urgent request that these men be removed. Later a distinguished consultant of the Public Health Service made the same recommendation. That was over a year ago, and they are there to-day. Of every dollar that the Government pays, not less than 60 cents goes into the pocket of the proprietor of the sanitarium. That is the kind of thing that can exist under the present division of responsibility.

Now, I am not a lawyer and I am not an administrator, but I am a doctor, and for 20 years I have devoted myself to the care of people suffering with mental disease. I have studied the care of the insane in many States, but I do not know to-day any group of 5,000 men suffering from insanity who are so poorly cared for as the ex-soldiers of the United States Army. I do not mean by that that all are equally badly cared for, but I know of no group of that size that are allowed to remain in unsuitable places week after week and month after month because there is a divided authority on the part of those who are responsible for them. So, gentlemen, all I have to say, my only reason for being here as a doctor, is to say that from the simplest dictates of humanity it is necessary to set up here in Washington and in the 14 districts of the United States a real unified agency that can reach into these men's houses, take them out, and put them into Government hospitals established, built, and maintained solely for their benefit; not constructed to care for dying, demented old people, but to care for young men in full vigor, who, nevertheless, are suffering from this disease. Only in this way can be averted the dementia that will eventually overcome all these men.

Just one other thing I want to bring to your attention, and that is that for every one of these men who is poor enough and friendless enough to have to accept the shelter of these charitable institutions, there remain one or two more who are too proud to accept it, and who remain at home; and I say that from personal knowledge. In France there were 220 doctors—neurologists and psychiatrists—whose work was under my supervision. Most of them came back to this country, and they write me almost daily of their experiences, and they make me ashamed of myself when they ask why I can't help get these patients cared for. They say that these men are less well-cared for than they were in France. They tell of cases of these men remaining at home, losing time that is of the utmost value to them, because their relatives will not make application to have them adjudged "pauper lunatics." The words "pauper" and "insane" have been inserted in every act in some State laws dealing with this matter, and the relatives of these men will not make application to have these men so adjudged. They keep them at home without the

training and skilled education that they need. You will not bring out that unseen army of the neglected insane until you have a hospital that will properly care for them. Then they will come in numbers that will surprise you all. I know how many there are in many localities, because I have seen them at their own firesides, in their own homes. I have done the best I could to get them to come out and take what the Government offers, but usually in vain. When you have Government psychiatric hospitals for ex-soldiers where they will not be mixed up with the criminal insane and others, those men will come to them. You will not have such hospitals until you have a mechanism here in Washington with one individual responsible for the control, compensation, and treatment and vocational training of those men, which is the only thing that can restore them again to whole or partial sanity.

Mr. MONTAGUE. In your remarks you said that one-third of the ex-service men now under medical treatment by the Government are afflicted with mental disease, and that 6 out of 10 of those are insane?

Mr. SALMON. Yes.

Mr. MONTAGUE. And that our Government is putting them into private institutions where they are not having good care?

Dr. SALMON. They are not only putting them in private institutions for the insane where they are not having good care, but near Albany, N. Y., there is a place where they care for feeble-minded children, and in that hospital not long ago there were six men from overseas suffering from "shell shock" and mental diseases cared for together with imbecile children, because the person who put them there had not taken the trouble to look up and find out what the nature of the place was.

Mr. MONTAGUE. You state the present condition of these boys is to be attributed to the service they gave to their country?

Dr. SALMON. It is, very largely. If you could hear these men speak about their delusions, you would find they relate almost entirely to incidents in the service. I saw a man in one place not long ago with his arm off here [indicating], and when one of the doctors said, "Tell the doctor what happened," this poor fellow said, "I don't like to," with his face downcast. But the doctor said, "Go on and tell him. He has been in the Army, and he is interested in these fellows." So the patient said, "Well, sir, I was in the Argonne, and I kind of got scared, and I wanted to go home, so I blew my arm off with a hand grenade." If you had not know the symptoms of mental disease anybody would have thought that was true. The man had fought in the Argonne and had been caught under heavy shell fire with a detachment, and in the fight his hand was blown off by an enemy's shell, and it was just his delusion that made him ashamed of what was really a badge of courage.

In another hospital I saw a soldier who was given a decoration for gallant conduct, and they tried again and again to get him to take that, but he would not. He said, "It is a lie and a mistake. I was never in France." His disease has created that delusion and has prevented him from taking that.

Mr. COOPER. To-day many of those boys are being mixed with the criminal insane and those that have been addicted to drugs, etc.?

Dr. SALMON. Yes. And another thing, Mr. Cooper, we find that of those that are not insane from conditions in the service their thoughts are colored by it every hour of the day.

One more personal illustration. In France, when the Army was getting ready for the St. Mihiel drive, all the soldiers kept in the woods in the daytime so that the enemy could not see them, and at night, of course, the roads filled up with marching men and supplies. Those men did not know what to do with themselves off duty, and some of them found some berries that grew there on bushes, very sweet, nice-tasting purple berries, and they ate them. It happened that those were the berries of the deadly shrub called belladonna. Those men became delirious. They became very excited. What was done with them? Did the military police have anything to do with them? They were brought straight to a special neuro-psychiatric hospital a few miles behind the line, and in a few hours the nature of their trouble was ascertained; they were actively treated, and not one of those men died. Such prompt and effective treatment would not be possible with 20 ex-soldiers in any part of the United States to-day. But that treatment was administered there in the field, as I said. They were so treated because the Surgeon General of the Army said there should be no distinction in this Army between mental and physical sickness, and he had power to enforce his decision.

There was another neuro-psychiatric hospital behind the lines where the insane, those that went insane during the fighting, were brought, and they were cared for there better than in any hospital for ex-service men in the United States to-day. If those things could be done without materials, in the field, in sheds and cellars such as we had in France, why can they not be done now? I will tell you why; it is because the interest is gone. The insanity has not faded; that has grown deeper. But the interest has faded out, and our only chance is to arrest it before it is gone altogether and put it in the form of a businesslike, scientific mechanism, and do our duty by these men before it is too late to do it at all.

Mr. SIMS. I might have misunderstood Mr. Cooper, but I understood him to say that the Government sent these men to these places?

Dr. SALMON. And paid for them.

Mr. SIMS. But he said that the Government sent those men there that are so ill treated.

Dr. SALMON. Yes, sir.

Mr. SIMS. Do you mean they are sent there by the United States officials or simply that we are not prepared to treat them now?

Dr. SALMON. Not at all. They are sent there by the United States. They are sent there by those who are charged with their care.

Mr. SIMS. And they are sent to these poorly equipped places?

Dr. SALMON. They are sent without even a visit to the places to see whether the places are even fireproof, in the first place.

Mr. SIMS. Who determines as to their insanity?

Dr. SALMON. Many of them are brought out by their relatives, and the question is determined after they are in the hospital. Then there is a regular commitment under the laws of the State. There is no Federal commitment law.

Mr. SIMS. That is what I am getting at; is it done by the bureaus or a Federal tribunal?

Dr. SALMON. No, sir; the whole procedure is Federal except the legal commitment—that is, the legal warrant for their continual detention. That is done under the State law, but the assignment to hospitals is not a State matter at all.

Mr. SIMS. I know. I am not asking about the assignment to these prisons. That has been done by some State authorities?

Dr. SALMON. No, sir; that is done by the Government authorities, and the legal basis for keeping them there is done by the State authorities.

Mr. SIMS. They are sent by the Government to these places of detention that are not properly equipped to treat them as they ought to be?

Dr. SALMON. Yes, sir.

Mr. COOPER. And one reason you want this bureau, or a provision of that kind, is that they may not be sent to the State or county or city institutions that are not prepared to take care of these soldiers as they should be cared for, due very largely to the fact that their condition is due to a service origin which is not common among the insane of the civil population?

Dr. SALMON. Yes; and is best understood and treated by those who specialize in that particular thing.

Mr. COOPER. The reason I asked you that question is that I wanted to be sure. I, for one, think it is about time that our Government established institutions to take care of these patients.

Dr. SALMON. Not one dollar has yet been appropriated or spent for the construction of any hospital for the insane ex-service men. Of the 5,340 who are under treatment only a third are in the hospitals owned by the Government. One of those is a converted reform school in Roxbury, Mass. Another is an inebriate asylum in Iowa, which has been turned over to the Government. Another is a naval hospital in Philadelphia, which was built just after the Civil War. Another is a hotel at Augusta, Ga., which has been used by a girls' seminary, and then has been turned over to the Government and a few thousand dollars spent for partitions. Yet those are regarded as special hospitals for the treatment of this special form of disease.

Mr. SIMS. Do you think many of those who are insane from service causes would be more liable to be restored to sanity if they could be treated in a special hospital under special conditions?

Dr. SALMON. Many of them; yes; and every other country has done that very thing. I talked the other day to a man from Czechoslovakia, and even there they had come to the conclusion that the best thing to do was to have Government hospitals. They wanted to see the plans of our Government hospitals for the insane ex-soldiers. I had to send them the plan of a State hospital, for the Government plans did not exist, and do not exist now.

Mr. SWEET. This class of cases is increasing and will continue to increase for 20 years?

Dr. SALMON. More than any other class, because they do not die and they do not recover. They now constitute 27 per cent of the hospital cases. If those who are now lurking at home afraid should come out, they will be found to be nearer 50 per cent than 30 per cent.

Mr. SIMS. But where a soldier was apparently normal and healthy when he was discharged, but afterwards some form of insanity or disease appears that is really of service origin, how is that fact to

be ascertained? I believe there are a great many cases like that, from letters I have received; and when you look up the record you find that the man was discharged as in good health and did not have any hospital record, and so you can not get him in. How do you ascertain that fact?

Dr. SALMON. Mental disease is slow in its progress. One adult out of ten in the population of a State goes to a hospital for the insane before he dies. That means that in the State of New York one out of ten adults in the State before he dies will spend some time in a hospital for a mental disease.

Mr. SWEET. Are you sure about that?

Dr. SALMON. Absolutely.

Mr. COOPER. Now, I do not want to criticize, but is it not a fact that a great many young men were discharged as being in good physical condition when as a matter of fact they were not?

Dr. SALMON. Thousands of them.

Mr. COOPER. I have had some of those cases brought to my attention.

Dr. SALMON. A soldier would do everything possible to conceal his injury and get home. I have seen a man with a withered hand from an injury of the nerve get away with it. He said to the doctor, "There is nothing the matter with me. You are wasting your time examining me." Then a few months later he found that he could not work on account of that condition. No one knows how homesick these men were. In the army of occupation in Germany we got three insane cases a day, and almost all of those men were depressed and suicidal on account of "nostalgia."

Of course, mental disease is slow in developing, and the seeds are planted very much further in the past than those of physical disease. I think the benefit of the doubt should be given to the soldiers in these cases. I know of a case of a man in hospital with a brain tumor, which could not possibly grow in less than 12 or 15 months, who has not yet received compensation, because it is not proved that he contracted his tumor in the service. The burden of proof should be the other way, and then it would be very difficult to say that he did not contract it in the line of duty.

Mr. MERRITT. Are you prepared to say what percentage of these cases can be returned, if any, to normal life?

Dr. SALMON. I believe not less than 50 per cent of the cases among soldiers can be returned, either well or with what the doctors call a "social recovery"—that is, become an acceptable member of the family again and get on with a little compensation and with a better job than he had before—I mean, better suited to him.

Mr. MERRITT. So that they would not need institutional supervision?

Dr. SALMON. No, sir. There never was a chance to do for any group of men what we can do for these ex-soldiers with the vocational training and the compensation. Every month we lose, leaving them in these asylums, decreases the chance just so much. I have had many a mother say, "I would rather have my son under a cross in France than to have him here branded as a pauper." But when I said to one, "What would you say if there was a fine Government hospital just for soldiers with your son's disease?" she said, "I would travel on bare feet 100 miles to take him there." But there is no

such hospital, and there will not be until there is an authority here that can see the whole problem, can see an insane soldier instead of a stack of papers to be given, one time supervision, another time hospital treatment, and another time compensation.

These men have only one kind of sickness, and that is insanity; but they have too many numbers. That is the trouble.

Mr. DAVIS. May I supplement what Dr. Salmon has said? The question was asked, what number of these insane cases should be attributed to their participation in the war? Under the law no hospitalization can be given to a man unless he becomes the patient of the Bureau of War Risk Insurance. That applies to insane men as well as to other men suffering from other ailments. And he can not become a patient of the Bureau of War Risk Insurance unless there is evidence submitted that his disability is traceable directly to war service, and whenever the bureau is convinced that the insanity of that man is not traceable to his service they do not give him any compensation, nor do they concern themselves about his admission to any hospital—private, county, or State.

One more point. The question was asked about the admission of these ex-soldiers into State institutions. The *modus operandi*, as I have observed it in my own State, is this: A soldier or an ex-soldier applies to the Bureau of War Risk Insurance for medical treatment. He is suffering from some form of insanity. It is a neuropsychopathic case of one sort or another. The doctor of the Bureau of the United States Public Health Service diagnoses that case as one of insanity. A representative of the United States Government, a doctor of the United States Public Health Service, figuratively speaking, takes him by the hand and leads him into the psychopathic hospital of the county, where he is examined by the county authority. He is committed to a State institution, not with any particular care as to the kind of institution to which he is going, but just so as to get rid of him. He goes into the institution, and then the United States Government, through the same official representative, pays the State of Illinois on a *per diem* basis for keeping him there, and there the case rests.

In dollars and cents it is costing the Government of the United States much more money to have these patients cared for by State, county, and private institutions than it would cost the Government to care for them in institutions owned by the United States Government; and I want to leave in the minds of this committee this point, that an ex-soldier who lands in one of these objectionable institutions that Dr. Salmon has described, lands there through the operation of the United States Government, acting through one of these bureaus; and I may say for them that their explanation—and so far as I am concerned, it seems to have been satisfactory—is, "We are doing the best we know how. We have asked the Congress to appropriate money for this institution, and have not gotten it. These men can not be allowed to remain on the streets, and they can not be put into the other hospitals, so that of necessity we must take them to these other hospitals, which are not at all to our liking; but we do that because of the necessity of the situation."

Mr. TAYLOR. Dr. Pattison of the National Tuberculosis Association is next.

STATEMENT OF DR. H. A. PATTISON, SUPERVISOR OF MEDICAL SERVICE, NATIONAL TUBERCULOSIS ASSOCIATION, NEW YORK CITY.

Dr. PATTISON. My status here, gentlemen, is just a little different from that of others who have spoken, and I am wondering if, with just a brief explanation of that status, matters might not be expedited if I merely answered questions that have arisen or that may arise.

The National Tuberculosis Association is perhaps the largest voluntary organization in America doing distinctively public health work and has constituent State associations in every State in the Union. It is a nation-wide organization.

Since the beginning of the war the national association has continuously and intensively studied the problem of the tuberculous soldier and ex-soldier, and also members of the staff of the national association have had some official connection with the Government. For seven months I was detailed to the Federal Board for Vocational Education, to consult with them and study problems as to rehabilitation of the tuberculous ex-service man.

Our Mr. Kidner has acted in an advisory capacity to the Public Health Service, and holds an appointment with them; and both of us have at various times held appointments for special work with the Bureau of War Risk Insurance.

We have also had the opportunity, which we consider a very great honor, to counsel with the committee on hospitalization of the American Legion, and I am here at their invitation.

The National Tuberculosis Association stands ready to cooperate in every way and desires consolidation and coordination of all the units relating to the tuberculous ex-service men, if that consolidation will make for greater efficiency, which we realize is very greatly needed.

Something has been said of the high percentage of neuropsychiatrics, and in point of numbers, at least, the proportion of tuberculous ex-service men is even greater. Practically 41 per cent of the men now under medical supervision of the Government are tuberculous. There were something like 48,000 men discharged because of tuberculosis. Because of the presence in the camps of tuberculosis experts, who brought about the discharge of something like 60,000 men considered unfit for service, millions of dollars were saved to the Federal Government.

These tuberculous ex-service men have been getting, neither in the Government hospitals nor in private institutions, the treatment to which they are entitled. The treatment has been delayed in many cases. Men have sometimes—many times—refused to go to hospitals because they felt that they could not get the treatment they were entitled to.

We have the very peculiar difficulty in the case of tuberculous men that, because of faulty education, they feel a change of climate is necessary for their welfare. We know that that is not true, but it is true in the minds of the men; and so, by thousands, they have gone into the Southwest, into Colorado, New Mexico, Arizona, and California; and with these thousands of men in those States it has

been frequently impossible to get prompt action in caring for them, both as regards hospitalization and compensation.

Yesterday I heard of a particular case. These special cases that have been brought to your attention illustrate the problem perhaps better than an abstract statement. This man, a tuberculosis ex-service man, went to Arrowhead Springs and is being treated there. His wife and two and three children desired to be near him and are living in a barn. They are being supported in a very limited way by the funds supplied by the American Red Cross. Months ago application was made for compensation, but that compensation has not yet—or had not up to a few days ago—been awarded.

Action can frequently be secured by telegraphing to the Bureau of War Risk Insurance in Washington, but I understand that when special attention is given to these emergency cases it delays the action on other cases.

Recently I was at the National Sanatorium at Johnson City, formerly the National Soldiers' Home, and I was told there of a patient who many months before had applied for compensation and was in a state of distress mentally because his wife was unable to get compensation. I forget the number of months that had gone by during which he had received no compensation, and he died. His wife was sent for, but had no money to bury him. Somebody had to guarantee a burial fund. So far as we know, the wife has not yet received the compensation due her. The insurance money, I believe, she assigned for the payment of the funeral expenses—a certain part of the insurance money which was due from the Government.

Now, we believe, particularly in the case of the Southwest, that decentralization would very greatly facilitate awarding of compensation.

Those are, briefly, our reasons for supporting the Legion, and we believe that the Legion is quite right in demanding that there shall be a consolidation and a unification of services here in Washington and decentralization of work throughout the country.

MR. BARKLEY. To what do you attribute the larger number of tubercular cases among ex-service men?

DR. PATTISON. That question was asked this morning, I think, and it was asked whether it was due to gassing. There seems to be no evidence that gassing increased the amount of tuberculosis. I think as to tuberculosis in the Army, aside from the fact that a certain proportion of our population becomes actively tuberculous, it is due to the fact that there were in the camps a number of epidemics of measles, scarlet fever, influenza, and broncho-pneumonia that simulated very much in the aftermath the symptoms of tuberculosis, and many hundreds of men were discharged under a diagnosis of tuberculosis who subsequently were found not to be suffering from tuberculosis, the symptoms which had simulated tuberculosis having cleared up. So serious did this become that the Surgeon General of the Army issued an order that no man should be discharged for tuberculosis unless tubercle bacilli were found in his sputum. The papers had to be sent to Washington after that and reviewed, so that the number of such discharges was very much reduced. But it is firmly fixed in the minds of many of the men who were discharged with that diagnosis that they have tuberculosis. They are demanding and generally receive compensation.

Another reason for breaking down with tuberculosis was the intensive training at the beginning of the war. It was necessary to get men whipped into shape rapidly. Men leading sedentary lives were taken out and put through hard marches of 15 to 20 miles a day, with heavy packs on their backs, and, suffering from fatigue and over-fatigue, men under those circumstances will often break down; the tuberculous latent lesions that exist in millions of our population will show up. Of the men who went into the war, thousands had a latent tuberculosis, perhaps a lesion, or scar that was not discoverable even by expert examination, and they got by and were put in the service; then this intense physical exertion, this concentrated training, reduced their resistant powers, and the old, latent lesion was reactivated and lighted up, and the man had to be discharged.

MR. MONTAGUE. What do you say as to the exposure in Europe?

DR. PATTISON. Undoubtedly that was a factor, but the number of breaks in Europe was not great; not nearly so great, I believe, as here.

MR. MONTAGUE. The number of what—"breaks"?

DR. PATTISON. The number of those who broke down in Europe was not so great. The men who went overseas were men who had been whipped into good physical condition; they were those who had stood the training, and they did not break down, because they were strong physically and were able to withstand the rigors of the service there.

MR. JONES. Did gas have any effect in producing tuberculosis?

DR. PATTISON. It is believed that the gas had very little effect in activating tuberculosis.

THE CHAIRMAN. Is it regarded now as established that climatic conditions are not so important in the treatment of tuberculosis as was supposed formerly?

DR. PATTISON. That is very firmly established.

THE CHAIRMAN. So that if the Government goes into the establishment of these hospitals it will not be necessary to have them located in the semiarid regions?

DR. PATTISON. No, sir; it will be very much better to have the men treated near home. It will be hard to convince many of these men of that. On the other hand, there are thousands of men who will prefer to be treated nearer home, where their families can assist in caring for them.

MR. JONES. I can understand why these ex-service men who are mentally deficient do not want to go to these institutions, but is their prejudice so great against private sanatoriums?

DR. PATTISON. Not so much as regards the private sanatorium, but it exists. I feel that it is most unfortunate, and it is a matter of education which the Legion should undertake, because with a few exceptions the tuberculosis sanatoriums of the States and counties are on an entirely different basis from county almshouses. In a few cases the tuberculosis sanatorium is located on the land of the almshouse. We regret that that is the case, and we are trying to prevent it in the future. We are trying with all our might to educate the public to the fact that tuberculosis is a problem entirely different from the problem of pauperism alone, and that the taxation for the erection of institutions in counties, municipalities, and States should be

somewhat on the basis on which we provide for the health department or the fire department of the municipality. We do not stop to inquire whether a man is a pauper or whether he owns a house, if his dwelling place gets on fire. We send for the fire department. We are trying to induce the authorities and the public to provide sanatoria for all the people that need them. Unfortunately, in the various States, while the very rich and the very poor usually can get first-class treatment, the middle-class people can not always get it. They do not want to accept charity, and they can not afford to pay over long periods of time for first-class treatment, and so they go without this treatment. And it is very unfortunate that the ex-service men object to going to most of the State and county institutions, which are really very fine places. When the men do go into these splendid State and county institutions they are unwilling to leave. I found in the State sanatorium of New Jersey, at Glen Gardner, the seven or eight men who are there—and I saw them week before last—are very well satisfied with what they are getting.

On the other hand, one place near Chicago, while it is a splendidly placed institution, is looked upon as a charity institution, and many of the ex-service men do not want to stay there; and I do not blame them.

Mr. SWEET. What do you say as to the advice that physicians have been giving, and that a great many are giving at the present time, that the proper treatment of tuberculosis is to send those people to Arizona or New Mexico, or to some other dry climate? It is a practical proposition that has got to be met by the Government in looking after these patients, because as a usual thing they go to their local physicians and get the advice. Now, if they are not sent to some dry climate, they feel that they are not getting the proper treatment for tuberculosis. How is that to be overcome in the minds of the patients?

Dr. PATTISON. That is one of the most difficult problems we have to contend with; the general practitioners of medicine have not generally followed the progress of our knowledge of tuberculosis, and give advice concerning climate which is not sound and tenable.

Mr. SWEET. I have had numerous cases come to my attention by letter and otherwise, in which their whole plea was to be sent to a dry climate, feeling that that was the proper place to go; and unless they were furnished with compensation or means to go there they felt they were not receiving proper attention.

Dr. PATTISON. That is true, sir. That is a very difficult problem. We tell them when we have the opportunity, and the tuberculosis experts in the field explain to them, that climate is a mere incidental factor in the treatment of tuberculosis, and that already the arid Southwest is overcrowded with men. There have been, certainly, up until a few days ago, between 400 and 500 men in the city of Tucson who took their compensation and went to that city because they believed it climatically was the best place for them. There is no sanatorium for them there, and they are sleeping in tents and in boarding houses without any adequate medical supervision whatever.

Mr. JONES. Doctor, I have got that statement. Now, would you argue that Houston, Tex., low almost at sea level, you might say, would be as good a place to treat tuberculosis as El Paso?

Dr. PATTISON. Just a moment. I am trying to visualize the cities of Houston, Tex., and El Paso. There are things to be said on both sides. I do not know the exact mean temperature of Houston, Tex. I have been there and at El Paso.

Mr. JONES. Take Uvalde or San Antonio, where the temperature ranges at about the same as Houston.

Dr. PATTISON. Let us continue with Houston and El Paso because I have started on them.

Mr. JONES. Very well.

Dr. PATTISON. Granting that there is a humid climate in winter and a dry climate in summer at Houston, which would not be perhaps best for the men, on the other hand, if you send them to El Paso, they have a hot summer and sand storms. Tucson is a good place in winter; it has a splendid climate. But the superintendent of a sanatorium there said to me only a few months ago, "For God's sake, tell the doctors in the East not to send patients to Tucson at the beginning of summer. I close my sanatorium in the beginning of summer, send my patients to Silver City, and I go away myself." Yet there are hundreds of men pouring into Tucson because they think it is ideal; and it is not ideal. There are very few ideal climates for tuberculosis, if you are considering a locality just from the standpoint of climate.

On the other hand, splendid results are obtained in almost any climate, provided the fundamental essentials are there, that is, medical supervision and the rest treatment, absolute rest which is the first requisite; and absolutely the best food obtainable, with clean fresh air. Those four conditions—and also a contented frame of mind. With those conditions present, no matter where the institution is situated, at sea level, or in the Adirondacks, or in southern California, the results are about equally good.

Mr. COOPER. The result of treatment of a tuberculous case does not depend so much upon the climate, does it, as upon the proper care and nourishment, building up the system so that it will throw the disease off?

Dr. PATTISON. Absolutely; the building up of the patient—his physical being—is what counts in arresting tuberculosis.

Mr. COOPER. That was brought forcibly to my attention in the case of a sister of mine a few years ago. The doctors said they thought she was in the first stages of tuberculosis. They ordered a rest cure for her, and they fixed a screened porch and she lived on that porch, and they would not let her get out of bed although she wanted to get out. They kept her in bed and she had every care and attention there.

Dr. PATTISON. She was in the city?

Mr. COOPER. She was just outside of the city, in the State of Michigan.

Dr. PATTISON. Yes. Let me give you the specific case of a Jewish boy in New York City who believed that he could do better in the highlands of California. He went there, and he wrote me a letter asking if we could find some way of getting him back to New York City. He said that he had lost 20 pounds in weight in California, and he believed the only way he could get well was to get back to New York City. Probably the mental attitude he had would vastly help him toward recovery in New York City.

Mr. BARKLEY. I do not know whether you can answer this question, or whether you care to. A year or so ago Congress appropriated for the erection of a number of hospitals throughout the country for the special benefit of the ex-soldiers. I have in mind the Speedway Hospital at Chicago, and one in Texas, and one down in Kentucky, and in a number of other places. They are under the jurisdiction of the Public Health Service. Who will have jurisdiction of those hospitals if this consolidation takes place? While these hospitals are open to any Public Health Service patients, the primary object was to provide beds for the ex-service men. Do you know just where the control of these hospitals will lie, if this bill becomes a law?

Dr. PATTISON. As I understand it, these new hospitals, under the terms of this bill, will be under the new Bureau of Veteran Reestablishment.

Mr. BARKLEY. Do you mean by "new hospitals," those that the bill provides for, or hospitals already under construction.

Dr. PATTISON. I mean those provided particularly for the ex-service men. But may I say this, sir, that in my opinion—if I may express an opinion about it—regardless of what you may do in reorganization, unless some of the limitations which are now placed upon the bureaus having to do with rehabilitation are removed by Congress, the best, the most adequate care will not be provided. Let me explain what I mean. It does seem to me, from the information that I am able to get and from observation, that matters that are purely administrative have been legislated by Congress and that with these limitations about the various bureaus they are unable to function efficiently.

In the Federal Board for Vocational Education, for example, there are very serious salary restrictions placed upon the Federal board by Congress. They are unable to get the proper personnel—that is, the best personnel—to do the job. There is no provision for the operation of dormitories and the furnishing of subsistence at a price to the trainees of the Federal board; and that is exceedingly important, if they are going to rehabilitate these men successfully. There is no provision for acquiring property by purchase for the Federal board, and it is difficult for them to lease, for a short-term period, buildings that are in any way fitted for the training of tuberculous men; and I believe there is no provision for the erection of new buildings for the proper vocational education of these men.

There is no provision for the purchase and operation of automobiles, which are necessary in this work, and there is no provision for the disposal of articles produced by the men in the workshops of the Federal board.

The same thing occurs in the Public Health Service. As I understand it, certain salary restrictions are placed by Congress upon the Public Health Service, and it is impossible for the Public Health Service to get an adequate medical personnel at the salaries now authorized by Congress. I think I am right, as I recall a news release of the Surgeon General—I am sure one of the members of the Public Health Service who is here will correct me if I am wrong—that it was stated therein that there were more resignations from the Public Health Service in the medical service during the last year than there were appointments to that service. One of the reasons is that the men

can not afford to work for the Government at the salaries which Congress has authorized.

Certain limitations have been placed upon the Public Health Service in its building program. As I recall it, Congress appropriated \$1,500,000 for a hospital at Dawson Springs and said to the Public Health Service, "Here is \$1,500,000. Build a 500-bed institution." That limited them to \$3,000 a bed. So the Public Health Service was compelled to adopt a makeshift program because it could not build a 500-bed institution for \$1,500,000.

In the Bureau of War Risk Insurance—and that is a point which has been thoroughly discussed to-day—there is no authority to produce decentralization.

The CHAIRMAN. Is there anybody else to be heard?

Mr. TAYLOR. I would like our presentation of to-day summed up by our friend, John Jacob Rogers, who will take up just a few moments of your time.

The CHAIRMAN. Very well. Gen. Cumming, do you desire to be heard in connection with this measure?

Dr. CUMMING. Are you going to have hearings, Mr. Chairman, after this afternoon.

The CHAIRMAN. No; I doubt if we can get any further time, on account of the pressure of other matters.

**STATEMENT OF HON. JOHN JACOB ROGERS, A REPRESENTATIVE
IN CONGRESS FROM THE STATE OF MASSACHUSETTS.**

Mr. ROGERS. Mr. Chairman, may I interject this: It seems to me that in order that the committee may have before it the whole picture it is highly desirable that the War Risk Bureau officials, the Federal Board for Vocational Education officials, and the Public Health Service officials shall have an opportunity to present their views upon this bill.

In addition, perhaps 12 Members of Congress have asked me if at the proper time I would suggest to the chairman of the committee their desire to be recorded briefly upon the measure.

So far as my presentation is concerned, I should not seek to take any of the time of the committee were I not sure that what I should submit would not be in the nature of repetition. Whatever I say, I think, will be of a character which has not been laid before the committee. Of course, it is for the chairman of the committee to decide whether or not it will continue hearings after this afternoon, but I personally should think it would be highly desirable if in some way a further opportunity for submitting evidence on this very important bill could be arranged.

The CHAIRMAN. If there is further consideration, it will have to be done by the subcommittee on war risk insurance. We can hear you now on the subject.

Mr. ROGERS. Very well.

Mr. CHAIRMAN. If I were to try to sum up in a formula what I believe to be the inherent virtue of the proposal before the committee to-day, it would be in this wise: Consolidation at the top, and decentralization in the field. Neither, taken by itself, will accomplish the purpose. Both are necessary if we are to bring forth the kind of

reform that the testimony to-day and the comments of the committee have seemed to establish as requisite.

I want to indicate why I believe that consolidation at the top is essential. And when I say "consolidation" I mean, of course, the gathering together into one bureau of all the soldier functions of the United States Government. I want to trace the course of a man who finds himself disabled as the result of his war service and for the first time proposes to apply for compensation. Let us suppose that that man lives in Worcester, Mass.; we will call him Pvt. Jones. He will probably secure his application either at his American Legion post in Worcester or at the local office of the Red Cross. He will get help from one or the other source in having the application filled out and prepared for transmittal. Then he will probably send that application to the branch office in Boston of the United States Public Health Service. The Boston office will necessarily refer the application and the papers to the central office of the War Risk Bureau in Washington. Then the War Risk Bureau will pass upon the papers and will refer the matter back to the Boston office of the Public Health Service, requesting that the man be physically examined by the local representative in Worcester of the United States Public Health Service. The Boston office will then issue an order to that effect to the Worcester Public Health doctor.

In course of time the public health doctor in Worcester will call in the man and examine him. Then, after a further lapse of time, which may be short but which is far too often very long, the public health doctor will forward to his Boston chief the results of that examination. Then after more delay the Boston public health office will forward the entire file to the War Risk Bureau in Washington, which will at length be in a position to review the papers and make the award. That is the usual process of getting the papers before the War Risk officials in a status which enable them to proceed.

You will notice, gentlemen, that in those numerous steps there are numerous possibilities, and even probabilities, of indefinite delay. Usually that delay, as I know in my own experience, is weeks. Sometimes that delay is months, or even a year.

If there were someone who could direct somebody to do something, those delays could be obviated, or at all events the responsibility for them could be definitely established and dealt with. But the War Risk Bureau in Washington can only request the branch office of the Public Health Service to make that examination and report back to the War Risk Bureau in Washington. If the Public Health Service falls down, the Bureau of War Risk Insurance can only keep on requesting. If there is a delay of weeks and months, they can only keep on requesting. There is no way by which they can force action and a report, which are the essentials to their proceeding and making the award.

I have in my file here some fifteen cases which are pending in my own office at this moment or which have been settled within two weeks. They illustrate just how this lack of coordination actually operates upon the disabled soldier who is seeking relief. These are cases which have come under my individual observation in the performance of my congressional duties. I should like to go through those cases, one by one, to show the committee just how the present

system works out in actual practice, just how futile the efforts of the ex-service man himself—the efforts of the Legion or the Red Cross; even the efforts of the Congressmen right here in Washington—are to cope with the situation. Time and time again in these last weeks I have had cases where the Public Health Service office in Boston said that they had forwarded to Washington the necessary reports on a certain date, and where, on the other hand, the War Risk office in Washington denied that it had received them. We are at a standstill in such a case. We do not know whom to call upon, whom to abuse, whom to demand action from. All we can do is to sit and wait and hope. In the meantime the soldier is suffering, and frequently is going downhill, physically, perhaps to his grave, as a result of that apparently unnecessary delay.

If there were a consolidated bureau, with all the soldier agencies under it, and if that bureau was both all powerful and all responsible, then if a thing went wrong we should know where the responsibility was and we could go to the director or to the assistant director and demand that positive action be taken.

There are cases, as I say, which simply illustrate the inability even of a diligent Member of Congress to get the results which we all admit ought to be achieved; because if the man has the right at all to compensation he ought to be told promptly of the right and be given the compensation to which he is found entitled. While if he is not entitled to the compensation he is equally entitled to be told that, so that he may make other arrangements.

In my district there is a private hospital of the Public Health Service, at Groton, Mass. They have from 35 to 50 tuberculosis patients there, and practically without exception tuberculosis patients who incurred their original disability overseas. When I went to that hospital first, about the 1st of last August, I found that only four or five of the inmates of that institution were receiving compensation. All the rest were either trying to get it or had thrown up their hands in disgust. Very few of those men happened to be legal constituents of mine, because they were sent there from all parts of the State of Massachusetts; but as they were temporary constituents, I thought it proper to undertake to help them. From that day until this, from August 1 until January 1, I have been struggling in season and out of season, to get awards for those men. Most of them I was unable to help through correspondence while I was still in Massachusetts. When we came back here for the session early in December, we took the matters up personally with the Public Health Service and with the War Risk Bureau, and we have now gotten to the point, as the result of the hardest kind of labor, where at length compensation has been granted to every one of those men except one individual, who could not prove service origin, and whose claim was therefore rejected.

My point is that it ought not to be necessary for a Member of Congress to intercede. But if you assert that the assistance of the Member of Congress ought to be utilized, it ought not to take him from four to six months to get an award in the case of a man who is admitted to be tubercular, and whose condition is such that he has to be confined in a Government hospital.

I have here a summary of these 15 cases some of which have just been disposed of, and some of which are still pending. They illus-

trate just why this lack of coordination between the Public Health Service and the War Risk Bureau is fatal. Sometimes a man will have been trying for a year to get his compensation; yet only when a Member of Congress has worked as hard as he knew how for months have results finally been obtained.

(The matter presented by Mr. Rogers is as follows:)

William H. Hogan, C-517008. Claim filed on November 4, 1920. Hogan was examined, physically, at Lowell, Mass., on November 20, 1920. On January 3, 1921, War Risk Bureau reports that medical report has not been received yet.

Andrew J. Pratt, C-539716. Claim received at War Risk Bureau November 29, 1920. Inquiry on December 31, 1920, as to the status of the claim brings out the fact that nothing has been done. Bureau agrees to send telegram to Boston at once requesting an immediate physical examination of claimant.

John S. Brophy, C-438883. In April, 1920, this service man completed papers applying for dental treatment. These papers he forwarded to the Public Health Service, 101 Milk Street, Boston. Three weeks later, not having heard anything, he wrote the district supervisor and in reply received a duplicate set of papers to be filed out. He then advised the district supervisor that he had already filed the necessary papers. Then the Public Health advised him that his papers had been located. Not until August 9, 1920, did he receive a notice from the Public Health to report to a local physician for an examination of the condition of his teeth. He was examined on August 9, 1920, but the report was not received by the Surgeon General in Washington until December 14, 1920.

James F. Lannon, C-450123. Claimant is a patient at the Oxford Spring Sanatorium, Oxford, Me. His claim for compensation was received at the War Risk Bureau about the middle of August, 1920. Between that time and November 11, 1920, the bureau was engaged in communicating with the War Department to establish "specifically" that the disability was of service origin, in spite of the fact that the director of the bureau wrote on October 6, 1920, "the records of this bureau disclose that the probable disability of this claimant arose from influenza, which he states he had in Camp Upton in November, 1918, and that this was followed by pneumonia." On November 11, 1920, claimant was called upon to furnish additional medical proof and this was forwarded from Boston November 24, 1920. This proof did not reach the claimant's folder at the War Risk Bureau until about January 1, 1921, when he was awarded compensation at the rate of \$80 monthly from June 1, 1920.

Earl D. Nash, C-428321. Claimant is a tubercular patient at the Groton Private Hospital, Groton, Mass. He filed a claim for compensation and was admitted to hospital in May, 1920. He was examined, physically, in Boston on May 26, 1920. Between that time and November, 1920, the medical report was en route to Washington. On November 9, 1920, claimant was requested to furnish additional medical evidence to establish service origin of his disability. Claimant furnished this evidence to district supervisor at Boston about November 12, 1920. From that time until January 3, 1921, this evidence was somewhere between Boston and Washington.

Daniel Frank, C-462871. Claimant was admitted on June 29, 1920, to the Groton Private Hospital, Groton, Mass., a tuberculosis hospital. He had been examined by the United States Public Health Service at Boston and ordered to this hospital. The medical reports sent to Washington were apparently so vague that on November 24, 1920, the War Risk Bureau rejected claim for compensation on the ground that no tubercular disability existed. Another medical examination was arranged for and then compensation was granted from the time claimant entered hospital. Compensation granted January 4, 1921.

John Joseph Fitton, C-445383. On September 21, 1920, this claimant was allowed compensation at the rate of \$25 monthly, although he had been in hospital since June 18, 1920. Apparently no report of hospitalization had been received by the War Risk Bureau, and not until December 15, 1920, was the claimant allowed total temporary on account of being in a hospital.

Anthony Salvatore, C-423524. This claim filed March 25, 1920, on the day when he entered Parker Hill Hospital at Boston. He remained at the hospital until September 15, 1920, when he was transferred to the Groton Private Hospital, Groton, Mass., as a tubercular patient. He is still there. The claim for compensation was still pending up to December 11, 1920, when the War Risk Bureau advised that an award of \$40 monthly had been made. The matter was immediately taken up with the bureau and it was found that apparently there

was no record in Washington of claimant ever being in a hospital. Upon being pressed, however, the bureau located a report that claimant had entered Parker Hill Hospital, and granted him total compensation for the period from March 25, 1920, to September 15, 1920. The bureau claimed, however, no report had been received from the district supervisor of the public health service at Boston concerning the admission of Salvatore at the Groton Private Hospital. The district supervisor reported that the bureau had been notified October 15. The report was not located. Duplicate was sent and correct compensation granted on December 28, 1920.

Frederick C. Peters, C-486029. Claim filed in Boston September 25, 1920. Examined same day by Public Health physician. District supervisor claimed medical report had been mailed immediately to Washington. On November 13, 1920, War Risk Bureau claimed medical report not received and sent telegram to Boston requesting duplicate. Finally medical report was located and bureau then began a series of calls for evidence to establish service origin. Proof furnished and claim was allowed December 14, 1920. This claimant has tuberculosis and experienced every difficulty in being admitted to a hospital. He finally appealed to his Congressman, who succeeded in having him admitted to the Groton Private Hospital on October 14, 1920.

Sam Sacco, C-445915. Claimant had leg and part of hip amputated at Walter Reed Hospital. One lung has hardened. Has weak back, flat foot, and weak eyes. Has applied for total permanent disability, but War Risk Bureau has ruled that the disabilities can not be considered as total and permanent. Therefore his insurance can not be paid him.

John L. Duffy, 501888. This claimant was examined physically by the United States Public Health physician at Lowell, Mass., on November 9, 1920. Medical report did not reach office of district supervisor, United States Public Health Service, Boston, until December 15, 1920. It was forwarded to Washington December 20, 1920, but up to this time it has not yet reached the files of the War Risk Bureau.

Michael J. Manning, C-76764. This claimant writes on January 3, 1921, "I have been a patient in the Parker Hill Hospital for the last three months and have received no compensation. I have had the Red Cross here write to Washington several times, but they have heard nothing as yet. I was wounded and gassed in service and am here for treatment of tuberculosis. I have a solely dependent mother and would like to receive my compensation as soon as possible."

Harry J. Cyr, 186866. Claimant was examined physically on October 30, 1920, at Lowell, Mass. Medical report was forwarded to Washington by the district supervisor on December 9, 1920. Up to this time it has apparently not reached the bureau. On December 23, 1920, War Risk Bureau was asked to report the status of this claim, but since then all that can be learned is that the "papers can not be located." The claim seems to be somewhere at the War Risk Bureau, but since December 23, 1920, no one can find it.

Ralph J. Feeney, C-498055. Claim filed in Boston about three months ago. Claimant writes he received an acknowledgment from Washington on November 17, but since then has heard nothing. On December 23 War Risk Bureau was asked for a report on the claim, but the only reports since are that the "claim can not be located." Papers finally located by War Risk Bureau and award made January 7, 1921.

Mr. ROGERS. I desire to refer also to the case of James Warren Feeney.

Feeney contracted tuberculosis in the Army and was discharged January 31, 1919, two years ago; he did not completely break down from his tubercular trouble until December, 1919, 13 months ago.

He was examined by various Public Health doctors, all of whom told him that he was entitled to total and permanent disability; they so represented to their superiors. But it was not until I had worked for many weeks over that case, after I had exhausted the possibilities of the telegraph service and of the Postal Service, that we were finally successful in getting an award of total permanent disability, to which that man had been clearly entitled for a year and probably for more than a year.

That man was in the active and acute stage of consumption. His letter is a very pathetic one. I will read one sentence from it. He says:

Due to my weakened condition, I am very much discouraged, and as I am not strong enough to follow up this case myself, I must rely upon the kindness of friends to see what they can do.

He wrote that in October, after he had been working for nearly a year to establish what was clearly his right under the laws of the United States Government. I shall insert that letter in the record, Mr. Chairman, because this, again, illustrates in specific, tangible form why consolidation is necessary.

Mr. SWEET. In that case, Mr. Rogers, what was the particular difficulty that you found?

Mr. ROGERS. One difficulty was in getting answers from Washington. Let me indicate what I mean. This case was brought to my attention on the 21st day of October. Prior to that time I had not even heard of it. I was in Massachusetts at the time. I telegraphed the War Risk Bureau the same day. Five days later the War Risk Bureau telegraphed the Public Health district supervisor in Boston asking him to determine whether or not total and permanent disability existed. An examination was held for that purpose during the first three or four days of November. I had not heard anything up to November 22, and this man was having almost daily hemorrhages; the doctors told me it was doubtful whether he would live a week, enfeebled and worried as he was by the delay. On November 22 I telegraphed to Washington again. I am happy to say that that appeal was successful, and on November 24 total and permanent disability was awarded the man. But for nearly a year before I knew about this case the facts were available and the man was just as much entitled to total permanent disability, six or eight months ago, as he is to-day.

Mr. SWEET. And that, too, upon the evidence submitted by affidavits and filed with the Bureau of War Risk Insurance?

Mr. ROGERS. Not only upon evidence of affidavits filed by the man and his friends, but by at least two separate and distinct reports of Public Health doctors.

In some of these cases I am perfectly frank to say that I think the War Risk Bureau has been the factor which was responsible for the delay and for what is frequently in effect, at least a temporary miscarriage of justice.

In other cases I am equally frank to say that I think the Public Health Service is responsible.

(The letter above referred to is as follows:)

LITTLETON, MASS., October 16, 1920.

History of case No. C-353039.

Name: James Warren Feeney.

Rank: Captain, Quartermaster Corps.

Discharged: January 31, 1919, at Camp Custer, Mich., Fourteenth Division.

Enlisted from Andover, Mass., and am now living in Littleton, Mass. Have a wife and one child. My compensation number is C-353039. Insurance policy, T-405588.

Contracted tuberculosis in the Army, the advanced state being due to wrong diagnosis and lack of treatment while at Walter Reed Hospital, Washington, D. C., and at base hospital, Camp Custer, Mich. At both these hospitals I was treated as a neurasthenic or severe nervous breakdown, while the tuberculosis

was making great progress. I had several breakdowns during 1919, finally collapsing in November, 1919, and have been bed-ridden since. I entered the Home Sanatorium, Saranac Lake, N. Y., December 19, 1919, supposedly under the care of the Public Health Service.

Dr. George A. Stock, acting assistant surgeon, United States Public Health Service, first arrived in June, 1920, so before that we had the local specialists at Saranac to treat us. The middle of July Dr. Stock examined me and said as my case was so far advanced I should have been drawing total and permanent disability, instead of the total temporary disability I had been drawing. Of course, this would give me \$100 instead of \$95 a month, and also give me my insurance, which I have kept paid up. Dr. Stock drew up the recommendation and it was countersigned by Dr. J. Woods Price, of Saranac Lake.

The end of July the Public Health Service ordered us out of Saranac, but as the New Haven Hospital was run so poorly, most of us came home. Dr. Stock sent me copies of letters to Andover, Mass., where I was staying, showing they had either ignored or overruled his and Dr. Price's recommendations.

On September 11, 1920, I was examined by Dr. Harold M. Allen, of Lawrence, Mass., who does all the Public Health Service work in that vicinity. He was very thorough and also told me that with my right lung so far gone and my left lung infected in both lobes, I was entitled to total and permanent disability and my insurance. However, all he does is send in a physical report, and a man at 101 Milk Street—the Public Health Service offices—without ever seeing or knowing of my actual condition, recommends to Washington what I am to get. Even Dr. Allen said this system was rather hit or miss.

Then the American Legion tried to get some justice done, and always the same reply, if any.

At present I am very sick and in a much weakened condition, due to three hemorrhages. I had one hemorrhage September 30, one October 4, and one October 12. I have a trained nurse and have had two doctors. You can draw your own conclusions as to how far \$95 per month goes.

The summary is this: The only two doctors of the Public Health Service, and naturally the Bureau of War Risk, have made the same diagnosis—total and permanent disability. Either due to carelessness, lack of organization, or fraud in the Bureau of War Risk, I have been receiving but \$95 a month since last December, when I should get \$100 a month, besides my insurance. I have written time and again to no avail, and, due to my weakened condition, am very discouraged.

Attached to this history is a letter of Dr. Price's, giving a short description of my trouble. The Bureau of War Risk has three reports also—one of Dr. Francis Gundeau, one of Dr. George A. Stock, and one of Dr. H. M. Allen. As I am not strong enough to follow up this case, I must rely on the kindness of friends to see what they can do.

JAMES WARREN FEENEY.

Mr. ROGERS. But I am not here with any thought of making an attack upon any branch of the Government. In my judgment the system is at fault. Somebody ought to be able to order that something should be done, and when we find that all that the Director of the War Risk Bureau can do in case there is a delay in the Public Health Service is to "request," how can we expect to have a prompt measure of justice meted out? Those two bureaus are human. I assume that they may have had difficulties and problems between themselves. I assume there have been cases of friction as to which the merit was not wholly on one side. But the fact still remains that you can not expect, and it is not according to human experience to expect, that these organizations will be able to do the right kind of work if there is not at the top an all-powerful and all-responsible man who can insist that things be done; and that, in the first instance, is what is at the bottom of this bill, to consolidate these three agencies into one.

As I said at the outset, I think this question would not be in the least complete if we did not go further than consolidation. We must

consolidate at the top. We must then decentralize in the field. I am not going to take very much time upon the latter, because the committee and the House of Representatives, through the adoption of the Wason bill, has shown its belief that decentralization is essential.

I do not know whether my experience is in accord with that of members of the committee in this respect or not, but I have found that the Federal Board for Vocational Education, since it established its policy of decentralization under authority of Congress, is as nearly perfectly functioning an agency as we can expect in an imperfect world. I do not have difficulties or delays with the Federal Board for Vocational Education. Usually they take care of the man first and think about it afterwards. They decide the particular case in Boston or New York or Philadelphia and give the man his relief, and then, perchance, in the case of a fraction of 1 per cent of all the cases the Washington authority will find that they have been incorrect. But in the other 99 per cent the man gets promptly what he is entitled to.

Mr. BARKLEY. Does not the Vocational Board have to rely upon the same Public Health officers in the field that the Bureau of War Risk Insurance relies on in the field, for examinations?

Mr. ROGERS. The Vocational Board has doctors assigned to it by the Public Health Service, over whom they have direct control.

Mr. MARX. They work right with the board.

Dr. LAVINDER. But the Public Health Service makes the examinations. The men are assigned to the Federal board just as they are assigned to the War Risk Insurance.

Mr. ROGERS. But is it not true that in the carrying on of their functions the Public Health doctors are under the control of the Federal board?

Dr. LAVINDER. No; they are with the Federal board just exactly as they are with the War Risk Insurance. We are rendering just exactly the same service to both.

Mr. ROGERS. I had thought that it was otherwise. At all events the War Risk Bureau is not decentralized, so that every case is decided in Washington, whereas both the Federal board and the Public Health Service are decentralized, and usually, as I understand it, share adjoining quarters in the district office.

Dr. LAVINDER. Yes.

Mr. ROGERS. And therefore they can work immediately together and unite in the necessary routine without going out from under the same roof where the two sets of offices are functioning. Promptness of decision is thus almost inevitable.

I want to speak of this question also from the standpoint of the taxpayer. The primary importance of the bill is from the standpoint of the disabled soldier, because it is essential if he is to get his deserts; but from the standpoint of the taxpayer it is almost equally important.

Gentlemen of the committee may not realize the extent of duplication and even of triplication to-day in elements of expense. Matters of accounting, of finance, of overhead, of correspondence, of office supplies, of rentals, and many other items that will occur to you, all can be concentrated and combined and rendered more economical if we have a single unit directing this work in Washington

and throughout the whole country. My own view is that we ought to give to regional offices the power of decision in at least 95 per cent of the cases which come before them; that we ought to reserve for decision in Washington only cases which involve policy, only cases which are in such grave doubt that the local offices feel incompetent to pass upon them, or perhaps some other special types of cases which the director of the new bureau would think ought to be dealt with in Washington. But in at least 95 per cent of all cases let the entire jurisdiction, the entire file of a given applicant, remain in the district office, and then be passed upon and decided by the officer at the head of that particular district office.

I should like to print also, Mr. Chairman, as a part of my remarks a group of cases which were referred to me by a person who served through last summer at the division headquarters of the United States Public Health Service.

The CHAIRMAN. Very well.

(The document referred to is here printed in full in the record, as follows:)

TYPICAL CASES SELECTED FROM A SUMMER OF EXPERIENCE AT A DIVISION HEADQUARTERS OF THE UNITED STATES PUBLIC HEALTH SERVICE.

CLASS I. CASES WHICH ILLUSTRATE DELAY OR INEFFICIENCY ON THE PART OF THE DIVISIONAL HEADQUARTERS OR WASHINGTON.

Case I.—Patient suffered severe hemorrhage December 19, 1919. Continued to work, though physically unable to stand employment. Changed to lighter position and shortly forced to discontinue work altogether. Reexamined and considered 100 per cent disability. February filed claim for compensation. Heard in March that it was under consideration. Forced to enter hospital. Suffered two hemorrhages on the train and a third upon arrival at station. Ambulance and removed to city hospital. By June no checks had arrived.

Case II.—Theodoropoulos, Hammond, Ind. Patient hospitalized in private-contract hospital, which refused adequate care on pretext of insufficient number of beds and equipment. Hospital threatened repeatedly to send patient to county poor farm, and frequent requests were made to the United States Public Health Hospital Service for instruction as to disposition of the case. No replies received. Hospital further protests, patient growing steadily worse. The doctor instructs the hospital to give specialized diet. This refused by hospital.

Eventually hospital sent patient to county poor farm upon the same basis as a county patient. From the county poor farm patient was transferred to a shack in the woods, where, the attendant stated, patients were sent to die when there was no hope for their recovery. Throughout the month of June inquiries were directed to the United States Public Health Service relative to hospitalization of patients in a Government hospital. At length a reply was received stating that additional medical evidence was necessary, and this could not be found. At last on June 24 hospitalization was authorized, St. Margaret's Hospital, South Bend, Ind. On June 28 the boy reached the hospital, and on July 19 he died.

Questions arising in this case: (1) Could not the United States Public Health Service have investigated the treatment of its cases in the private-contract hospital after so frequent report reached it of inadequate and indifferent treatment? (2) Throughout the month of June the papers bearing the required additional medical evidence were mislaid. This was but one example. Could not a more careful filing system and more interested correspondence prevent the mislaying of vital papers of this kind in the future?

CLASS II. CASES WHICH ILLUSTRATE DELAY OR INEFFICIENCY ON THE PART OF LOCAL UNITED STATES PUBLIC HEALTH SERVICE EXAMINERS.

Case I.—The papers which patient left at the examining physician's office after medical examination were found some weeks later in the desk drawer of the physician. Patient in very serious condition and requiring all possible haste in the treatment of his case.

Case II.—Harry Gibbs. Patient was examined June 15. Examination revealed serious case of tuberculosis, requiring immediate hospitalization. By June 22 report of examination had not been received. Death of patient occurred July 7. The United States Public Health Service were still waiting for his papers.

Case III.—Sam Kotis, Toledo, Ohio. Patient had been under training and could not stand it. He had undergone five major operations since his injury and had lost part of the intestine. Doctors said he could never be entirely cured. Liable to spells of acute pain and violent vomiting which lasted several days. Man was seized with spell in July and could get no assistance until outside physician was sent in. He sought to arrange some way by which he could be admitted to the hospital and receive necessary medical attention. We are not told why the United States Public Health Service examiner was not available when this man needed attention.

Case IV.—Patient had been doctoring throughout the winter with the dispensary of a hospital because he could get no attention from the local examiner. He had been seriously gassed and the local examiner after a superficial examination found no trace of tuberculosis, and declined to recommend treatment or hospitalization. Eventually the boy was forced to give up work, whose income he very much needed, and to go to the country to live with his mother.

Case V.—Baldridge. Case involving a brace for vertebrae. Patient was sent to United States Public Health Service Hospital, Grace United States Marine Hospital No. 11, Louisville, Ky., because of fracture of two vertebrae, and order provided that he should be furnished with a brace of the kind prescribed by the surgeon. This was May 1, 1920. July 22 nothing had been done relative to the brace. Man suffering greatly as result of failure to have the brace properly fitted to carry weight of head and shoulders. He wished very much to become able to attend business college. By August 10 an additional examination was made by a substitute of the original United States Public Health Service examiner, who was then away on authorized leave of absence. Substitute examiner uncertain whether the regular examiner considered the brace necessary or not. He advised the patient to wait until the return of the regular examiner, at which time he would be reexamined, and if a brace were then deemed necessary it would be ordered for him.

Question arising in this case: In May the regular examiner ordered definitely a brace to be provided for patient. Through delay of almost four months, the man was still without his brace and enduring great suffering as well as delay in his plan for his future training.

Case VI.—This case illustrates the delay caused by imperfectly adjusted finance arrangements between the Federal office and local examining physician. This was a case of injury at Chateau-Thierry. A leg amputated at Walter Reed Hospital. After operation severe attack of pneumonia, followed by tuberculosis. Man confined to his bed a number of months. People poor. He is paying for his medical treatment, since the United States Public Health Service physician could not go so far to see him. Physician alleged that remuneration did not repay him for long distance traveled. Patient then was compelled to pay another doctor for each visit.

Case VII.—Lester Burget, C-312296. This case also illustrates the fatal delay due to improperly adjusted finance arrangements with the local examiner.

Patient was discharged from service May 20, 1919. He has been bedridden since July 30. On his return voyage he underwent one operation, and since July 30, 20 operations have been survived. Abscesses keep forming.

The family wished the local United States Public Health Service examiner to call to see patient. It was a long trip, however, and physician did not feel like going to the home, for he said he did not receive enough compensation from the Government to pay him. Accordingly, the boy's father agreed to pay another physician \$10 if he would come and make the examination. Boy found in very serious condition; too ill to be transferred to hospital. Treatment necessary at home. Since United States Public Health Service physician would not call upon patient, he advised the consulting physician "to go ahead, and the bills would be O. K'd." This advice was followed, and boy's father asks that the payment be made by the Government. The bills were submitted, and after a considerable delay they were disallowed.

Question arising in this case: Could not the financial arrangements with local examiner be so adjusted that there would never be a similar case of refusal to attend the patient on ground of uncertain and inadequate remuneration?

CONCLUSION FROM FOREGOING CASES.

1. In view of the frequent and long delays caused by routine correspondence among the three Federal offices concerned—namely, United States Public Health Service, the Compensation and Claims Division, and the Federal Board for Vocational Training—it is highly advisable, if not urgently necessary, that there be centralization of authority at the head.

2. In view of the incompetence and delay on the part of examining physicians, whose rôle is a necessary factor in instituting inquiry upon a case, greater care must be exercised in their selection and correspondingly greater freedom must be extended to them in their work of examination and treatment.

In other words, I wish to add my affirmation of the demand of the Legion, as embodied in your excellent bill, namely, that there must be centralization at the top and decentralization at the bottom.

Mr. ROGERS. Finally, I should like to print in the record a type-written summary of the arguments in favor of this bill.

The CHAIRMAN. Very well.

Mr. ROGERS. It is as follows:

Three Government agencies to-day are caring directly for the disabled soldier—the War Risk Bureau, the United States Public Health Service, and the Federal Board for Vocational Training. My proposal is to establish in the Interior Department a brand new bureau, called the Bureau of Veteran Reestablishment, and to transfer to that bureau all the functions of the three agencies mentioned which involve the care and treatment of the disabled soldier. This means that the War Risk Bureau will go over bodily; that the rehabilitation work of the Federal board will also be transferred; and that the portion of the operations of the Public Health Service which relates to disabled veterans will also be made to vest in the Bureau of Veteran Reestablishment.

The war has been ended 26 months. Since November 11, 1918—and long before, too—the soldier or sailor seeking the help of the Government has been knocked from pillar to post and then back to the pillar again. He has been playing a game of blindman's buff without a chance to win out unless his case was a very clear-cut one or unless he enlisted expert assistance in his behalf. Some improvement, as was inevitable, has been noted in the last year. But I know from the handling of my own congressional office—one of 435—that the disabled soldier even to-day is more often than not up against it to get speedy relief.

I am not underestimating the achievements of the three bureaus concerned; nor do I overlook their sincere purpose and honest effort. Very likely much of the trouble has arisen from the inherent difficulty and vastness of the problem. But this does not help the soldier. Kind words do not pay the bills of his family.

I am satisfied that the major part of the delays and shortcomings is attributable to the fact that three different agencies, as I have said, are attempting to do one single job. Many aspects and elements of the job overlap many others. There is no effective coordination to-day because there is no single supreme directing head who, in his task, is both all powerful and all responsible. If something goes wrong to-day, more often than not it is impossible for the disabled soldier applicant—or for his Congressman, for that matter—to know what particular person or even what particular branch of the Government is responsible for the difficulty. Hence, there is oftentimes no way by which even a trained and zealous advocate can get to the bottom of the inexcusable neglect and demand that the difficulty be remedied.

Let us suppose that Pvt. Jones, of Worcester, Mass., finds himself suffering from a war disability and now concludes for the first time to apply for compensation. He will probably secure his application at his American Legion post and get help there in having it filled out. Then he will probably send the application to the branch office in Boston of the United States Public Health Service. The Boston office will necessarily refer it to the central office of the War Risk Bureau in Washington. Then the War Risk Bureau will refer the matter back to the Boston office of the Public Health Service requesting that the man be physically examined by their local representative in Worcester.

The Boston office then issues an order to its Worcester doctor to do this; in course of time he complies; and after a further lapse of time he forwards to his Boston office the results of his examination. Then the Boston Public

Health office forwards the file to the War Risk Bureau in Washington, which is at length in a position to review the papers and to make the award. But all of these relays at best take time. At worst they take many months. Why? The Director of the Bureau of War Risk Insurance can not order the Public Health Service to conduct the examination; he can not even order it to hurry its report when made. He may only "request," and the service man suffers in consequence. Think of it! He can only "request." I want to have somebody able to order and I want some one whom we can hold individually responsible if things go wrong. The director of the proposed Bureau of Veteran Reestablishment would be that one man. If delays resulted anywhere along the line, he would not be able to "pass the buck" as is now perfectly possible; any failure to proceed promptly and to make an award would be a matter for which he individually, as the all-powerful head of the bureau, would be directly and personally responsible. As I say, it is not now possible to locate the cause of the trouble. We can only guess and usually we guess wrong. Consolidation at the top is the only effective way to cope with the difficulty.

The complaint here made is not a technical or theoretical one. It is a grimly practical one. Time and time again delays of six months have resulted to the discomfiture and sometimes the outright misery of the unfortunate soldier claimant. A file would be lost somewhere, a local examiner would forget to make the examination or to report, or the papers would be buried on somebody's desk—whatever the cause, the system fell down and no one could be effectively convicted of responsibility.

Suppose Soldier Smith has been awarded vocational training. He concludes or abandons his course. At once his training pay stops. But as he is disabled he is entitled to compensation from the War Risk Bureau. It is the hardest thing in the world to prevent a hiatus, sometimes of months, between the end of his training pay and the first check representing a renewal of compensation. If instead of having three different accounting and financial systems—one in each of the three bureaus—we had a single central office (and we should have such an office in the new bureau), any such difficulty would be an impossibility. But it may be said that if the three agencies fall down to-day, why should we hope for better things if we combine the three into one? One answer to this has already been suggested, namely, that the principal reason for the failure to-day is the very fact that the three agencies are separate. But this is not a complete answer to the inquiry. Consolidation at the top is the first essential, but it is by no means the only essential. The second step must be decentralization in the field. This also is provided for in my bill. By section 6 the director of the new bureau is to establish a central office in Washington and suboffices at such places as in his opinion are necessary to carry out the purpose of the act. Millions of individual cases come through the hands of the several soldier agencies. It is not feasible and it is not necessary to have every one drag its weary way to Washington and back again before a final decision can be rendered. In an effective program of decentralization 95 per cent of the decisions could be reached in the local or district offices, leaving only matters of policy, general administration, and cases coming up on review to be dealt with at any stage by the Washington office.

I repeat, then, that consolidation at the top and decentralization in the field are the essentials. Both are included in the bill which has been drafted and which is officially sponsored by the American Legion.

At present two of the three Government agencies are in the Treasury Department, and the third—the Federal Board—has no departmental home at all. Why, it will be asked, admitting the desirability of a single new bureau, would it not be better to place it in the Treasury Department? For three reasons. In the first place, the Treasury Department is not and never was a suitable place for these soldier agencies; in the second place, the Secretary of the Treasury himself, in his annual report, dated November 20 last, has asked to have both the War Risk Bureau and the Public Health Service taken out of his department; and, in the third place, the Interior Department, which already has the Pension Office and other activities closely related to the welfare of our veterans, seems a natural repository for the new bureau.

There can, I think, be no question that the proposal will be helpful from the standpoint of the veteran. But it is almost equally meritorious from the standpoint of the taxpayer. The three existing agencies duplicate or triplicate work which should be performed only once. Matters involving finance, accounting, overhead, indexing, filing, correspondence, medical examination and rating are performed twice or thrice, when once would be infinitely better and infinitely

cheaper. Consolidation will overcome the difficulty, or, at all events, as much of the difficulty as is capable of being eliminated.

I believe that the bill represents a measure of justice which has already been delayed too long. This particular bill was worked out in conference with national officers of the American Legion and with the officials of the three existing bureaus concerned. It is, however, fair to the Public Health Service to state that it does not indorse the proposal to take from it and give to the new bureau the various steps involving the hospitalization of the disabled men.

It should be remembered that we have not yet begun to reach the peak of our task of caring for the disabled soldiers. Compensation awards are increasing month by month; vocational trainers are also starting training more numerous every month; and it is estimated that instead of approximately 20,000 men now in hospitals there will be 50 per cent more, or 30,000, by the 1st of October. Even that will probably not be the peak of the load. So this is not a diminishing task; it is a progressively greater one and will continue to be so for some time. We have built unscientifically as everyone recognizes. Late as it is, the moment has not passed when we should remedy our mistake. Justice to the service man demands prompt action. I respectfully urge upon this honorable committee early and favorable action upon the measure.

Mr. ROGERS. In conclusion, I desire to state that this bill is not a hastily contrived piece of legislation. For more than a year the American Legion and I have been in agreement as to its essentials. In December representatives of the Legion, the director of the Bureau of War Risk Insurance, Mr. Lamkin of the Federal Board for Vocational Education, two of the assistant surgeons general of the United States Public Health Service, and I met in Washington, and in an all-day session blocked out the bill which to-day is before you. I think I may say that both the War Risk Bureau and the Federal Board for Vocational Education are in favor of this bill as it stands.

While I do not wish to commit the United States Public Health Service, it is my impression that this, also, is in sympathy with the purpose sought here to be achieved, although it is possible that some of the details of the measure may, in its judgment, be capable of improvement.

With this statement, unless there are questions, I am through.

Mr. BARKLEY. I would like to ask you a question that I asked the doctor a while ago. With reference to the hospitals that are already in existence or under construction, or which may be authorized by Congress in the future primarily for the care and treatment of ex-service men, are they to be transferred from the Public Health Service to this new bureau that you create, or are they to be used jointly by the Public Health Service and the new bureau? Just how are they to be used?

Mr. ROGERS. If you will let me give your question a little fuller answer than the direct question would perhaps warrant—

Mr. BARKLEY. Yes.

Mr. ROGERS. Section 3 of the bill transfers to the new bureau the veteran functions now performed by the Public Health Service under the act of March 3, 1919, and amendments thereto.

Section 4 transfers to the new bureau the facilities, property, and equipment of the United States Public Health Service authorized by the act of March 3, including leases, contracts, and other obligations in the District of Columbia and elsewhere, in so far as they relate to veterans.

Mr. BARKLEY. Take these various hospitals that I mentioned a while ago, one at Dalton Springs, one at Chicago, one at Corpus

Christi, I believe—somewhere out in Texas—and one somewhere else, that are now under construction, under the jurisdiction of the Public Health Service; will that act of March 3, 1919, transfer those hospitals to the jurisdiction and control of this new bureau?

Mr. ROGERS. This bill would transfer them, if they are for veterans of the war. Elsewhere in the bill, in section 7, it provides that the Surgeon General of the United States Public Health Service and others are authorized to make available for the beneficiaries of the new bureau such facilities as far as in their judgment will not cause impairment of their own services.

Mr. BARKLEY. Does that contemplate that eventually there will be a separate system of hospitals for the Public Health Service for general purposes, and another system of hospitals, under the jurisdiction of the new bureau, exclusively for the service of ex-service men?

Mr. ROGERS. I do not think that it contemplates that as a necessary conclusion, although I should say that in the main, and rightly, it would be the rule. It grows naturally out of the purpose of the bill, although as I say, I do not think that it will be a fixed rule in all cases, I think you will always find some hospitals where there are Public Health Service patients of a nonveteran character, as well as war-risk patients, who are of course veterans. My impression is, and Dr. Lavinder will correct me if I am wrong, that from 85 to 90 per cent of the patients under the control of the Public Health Service to-day are veterans of the World War.

Dr. LAVINDER. There are only 3,000 to 3,500 of other beneficiaries, and altogether there are about 21,000.

Mr. ROGERS. They are not far from 85 per cent then. So that the major part of the hospital problem of the Public Health Service grows directly out of the World War.

Mr. BARKLEY. Would this consolidation and transfer involve the erection of more new hospitals than would be provided by law under the present system, or does it simply mean a division of the hospital system of the country between the Public Health Service and the new bureau, somewhat in proportion to the needs of both services?

Mr. ROGERS. Section 7 specifically provides that the existing hospital facilities of the Government, under whatever department they may be, shall be utilized. We have intended by that provision to insure as far as practicable the utilization of all those facilities which the Government may from time to time have available.

Mr. BARKLEY. Assuming that there are now hospitals, as I understand there are, in the jurisdiction of the Public Health Service, where there are both ex-service and nonservice patients, and there comes a time when there must be a transfer of certain facilities of the Public Health Service over to the new bureau, who is going to determine which hospitals will be turned over to the new bureau, and whether a certain part of any given hospital should be assigned to the new bureau and the rest of it remain under the control of the Public Health Service? Does the bill definitely provide how that is to come about? Is that to be a result of negotiation between the two bureaus or of arbitrary action on the part of somebody?

Mr. ROGERS. Section 4 of the bill provides that the facilities of the Public Health Service—in which we intended to include hospitals—shall be transferred for the use of the Bureau of Veteran Reestablish-

ment, in such manner as, in the opinion of the director, is necessary for the carrying out of the functions.

Mr. BARKLEY. Of the director?

Mr. ROGERS. The Director of the Bureau of Veteran Reestablishment.

Mr. BARKLEY. So that the effect of that would be that he would issue his orders to the Public Health Service, and it would be turned over to him and the Public Health Service would have no discretion except to do it?

Mr. ROGERS. Of course, Mr. Barkley, the only facilities over which the director of the new bureau will have any jurisdiction grow out of the act of March 3, 1919. In other words, only such hospitals as under the act of March 3, 1919, are made available for soldier and sailor patients come even indirectly under the control of the director of the new bureau.

Mr. BARKLEY. Then it seems to me it is necessary to ask this question: If 80 per cent of the present patients are ex-service men and only the new hospitals provided for in the act of March 3, 1919, are turned over to the bureau, if those should not be sufficient to take care of these men and the others that are coming on in the future would that necessitate the building of additional hospitals, or would there be any way at all for the new bureau to utilize any available space still remaining under the Public Health Service for the treatment of ex-service patients?

Mr. ROGERS. The way it works out, Mr. Barkley, is this: There are now certain hospitals under the direction of the Public Health Service for the care of soldier and sailor patients. Those hospitals may be taken over by the director of the new bureau without the possibility of cavil by anybody.

Then there are other hospitals which the Public Health Service requires for its nonveteran functions. Those hospitals under section 7 are to be utilized in so far as the utilization is practical considering the outside obligations of the Public Health Service to nonveteran patients. Finally, in the event that those two ways taken together do not furnish enough beds for the ex-soldier patients it is provided in the latter part of section 7 that the Bureau of Veteran Reestablishment may—

Acquire by contract, lease, purchase, construction of new plants, or extension or alteration of existing plants, such other facilities as may be necessary.

But the function of this bill, if I may make this very clear, is not to take from the Public Health Service its plants which grow out of functions which have no relation to veterans of the war.

The CHAIRMAN. It will probably not be possible for the full committee to finish the hearings on this bill. If it is possible, the full committee will hear the remainder of the hearings. If not, they will be completed before the subcommittee, of which Mr. Sweet is chairman. Those who have not been heard and desire to be heard can note their appearances with the clerk, so that they can be notified in proper time.

Mr. ROGERS. Mr. Chairman, I would like to give to the committee the names of a half dozen or more men who I know want to be heard—Members of Congress.

The CHAIRMAN. Very well. Give the names to the clerk.

(Thereupon, at 5.20 o'clock p. m., the committee adjourned.)

LETTER SUBMITTED BY THE SECRETARY OF THE TREASURY.

WASHINGTON, January 7, 1921.

Hon. JOHN J. ESCH,
*Chairman Committee on Interstate and Foreign Commerce,
House of Representatives.*

MY DEAR MR. CHAIRMAN: Your requests made respectively of the Surgeon General of the Public Health Service and the Director of the Bureau of War Risk Insurance for a report on a bill, H. R. 14961, to establish in the Interior Department a bureau of veteran reestablishment, and for other purposes, are before the department for reply.

The purpose of this bill is the consolidation into one bureau of agencies engaged in the compensation, medical care, and rehabilitation of veterans of the World War. These agencies affected comprise the Bureau of War Risk Insurance, the Bureau of the Public Health Service, and the rehabilitation division of the Federal Board for Vocational Education.

Two of these agencies now in the Treasury Department—the Bureau of Public Health Service and the Bureau of War Risk Insurance—are under the direction and supervision of one Assistant Secretary of the Treasury, whose entire time is devoted to the work. The comments of this department on this bill should be confined to the functions of the two bureaus mentioned. It is difficult, however, to discuss this bill without taking into consideration the work of the rehabilitation division of the Federal Board for Vocational Education, because its activities are so closely related to the general question.

After conference with the Surgeon General of the Public Health Service and the Director of the Bureau of War Risk Insurance, and a careful consideration of the bill, I wish to submit the following report, with which they are in accord:

This bill in all probability is the expression of a desire on the part of many of those interested in the welfare of veterans of the World War to place as definitely as possible the responsibility and authority for the entire matter upon one person, with the idea that by so doing better results may be achieved and more prompt service rendered to these veterans, with the elimination of delays which are thought to be due to a lack of proper cooperation between the independent agencies now engaged in the performance of task. Such a wish is a very commendable one, but it is a matter of grave doubt as to whether this object could be successfully achieved in such manner.

As stated, the purpose of the bill is to consolidate into one bureau all of the agencies involved in rendering service to veterans of the World War. Ordinarily a plan of this character might appear to be logical, but there are certain essential conditions surrounding this situation which would, in the view of the department, render such a plan inadvisable and impracticable in some of its aspects. It is a natural presumption that when Congress determined to impose upon the Public Health Service the obligation of providing medical care for disabled veterans of the World War it was through a desire to utilize an existing governmental medical agency without in anywise impairing the efficiency of this service for the other purposes for which it was created and is maintained.

As I have stated in my annual report:

"The Public Health Service is an ancient institution in the Treasury, where it has been located from the date of its creation. It had its origin in the old Marine-Hospital Service, which was authorized by the act approved July 16, 1798. In 1902 its name was changed to the Public Health and Marine-Hospital Service, and by the act approved August 14, 1912, it became known as the Public Health Service. During its life of 122 years the service has grown from a small institution designed to furnish medical care to sick and disabled seamen of the American merchant marine to a great national health agency, operating the maritime quarantine stations of the United States, protecting the Nation against foreign epidemics, preventing the interstate spread of disease, cooperating with State and local health authorities in the control of sickness and the improvement of the health of the people, and, under recent authority, giving medical care and treatment to disabled ex-service men and women who are beneficiaries of the war risk insurance act. In suggesting the association of the Bureau of War Risk Insurance and the Public Health Service in the manner mentioned above it is not meant to imply that their work is on a comparable basis, except in so far as it relates to the care of ex-service men and women. This function in the Public Health Service forms only a part of its important duties. Backed by fine traditions and a proud record, it operates a general medical and surgical service that is nation-wide in scope."

Certainly it would not be the part of wisdom to enact legislation which would impair the efficiency of a governmental agency concerned in matters affecting vitally the entire population solely for the purpose of rendering service to any one group of people, however important that service might be. On the other hand, this service should be utilized, in so far as practicable, in the medical care of ex-service men and women, and, in my judgment, the discharge of these functions by this service without the necessity for its consolidation, in whole or in part, with some other bureau of the National Government would not be incompatible with sound and efficient administration.

In addition to the danger of impairing the efficiency of the many important functions of the Public Health Service, there is reason to believe that the consolidation of the Public Health Service with the bureau of veteran reestablishment would produce a type of organization which would not function satisfactorily.

In considering this question in my annual report for the fiscal year ending June 30, 1920, I have stated:

"There are some activities of the Treasury having little or no relation to the fiscal operations of the Government which could appropriately be transferred elsewhere, relieving this department of large administrative burdens. These are the Bureau of War Risk Insurance, the Public Health Service. * * *

"The Bureau of War Risk Insurance and the Public Health Service are associated in serving the former service men who are beneficiaries of the war risk insurance act. These two services and closely related activities should be placed in one department under the immediate supervision of the same Assistant Secretary."

A provision for placing the Public Health Service and the bureau of veteran reestablishment under one Assistant Secretary in the same

executive department would supply the necessary and adequate coordination in the person of the Assistant Secretary in charge, and would avoid the confusion which might arise under a plan for consolidation.

Believing that the coordination of the two agencies concerned is more desirable than their consolidation, it would appear that the bill (H. R. 14677) "to establish in the Interior Department a bureau of veteran reestablishment, and for other purposes," would produce more desirable results than H. R. 14961 in so far as the Bureau of War Risk Insurance and the Public Health Service are concerned. Whether or not the rehabilitation division of the Federal Board for Vocational Education should be consolidated with the Bureau of War Risk Insurance in a new bureau is a question hardly proper for comment, since it involves a matter outside of the province of this department. Leaving out of consideration, therefore, the provision for the consolidation of the rehabilitation division of the Federal board with the Bureau of War Risk Insurance, H. R. 14677, with some essential amendment of section 8, would meet with the approval of this department, and at the same time accomplish practically the same purpose as H. R. 14961.

The suggested amendment would read as follows:

"SEC. 8. That in the hospitalization, medical care, and treatment of beneficiaries of the bureau of veteran reestablishment, the director, in the assignment to hospitals of beneficiaries under the war-risk insurance act, shall utilize the facilities of the United States Public Health Service, the National Home for Disabled Volunteer Soldiers, and the War and Navy Departments, which governmental agencies are hereby authorized to furnish such medical, surgical, and hospital services and supplies as may be necessary.

"In the event that such facilities are not sufficient or adequate, the Surgeon General of the United States Public Health Service shall acquire by contract, lease, purchase, construction of new plans, or extension or alteration of existing plans, such other medical, surgical, and hospital services and supplies as may be necessary."

A comparison of the two bills, H. R. 14961 and H. R. 14677, shows that H. R. 14961 provides that the hospital functions of the Public Health Service, in so far as they relate to the medical care and treatment of veterans of the World War, are transferred to and consolidated with the bureau of veteran reestablishment, and the Surgeon General of the Public Health Service is placed under the direction of the director of the new bureau and charged with the physical examination, assignment to hospitals, hospitalization, and medical care and treatment of beneficiaries of the bureau of veteran reestablishment. Such a transfer of hospitals from the Public Health Service would amount to a dismemberment of that service. The bill H. R. 14677 contains no such provisions for consolidation of the Public Health Service with the newly created bureau.

The danger of dismemberment of the Public Health Service has been pointed out above, but in addition to that the legislation contemplated in this bill (H. R. 14961) is not in accord with governmental organization and official procedure in that it places the Surgeon General, the Chief of the Bureau of the Public Health Service, in whole or in part, under the direction of the chief of another bureau. This would have the effect of placing a bureau chief skilled

in one line of endeavor under another bureau chief skilled in a totally different line of endeavor without the achievement of any object of consequence.

Sections 1, 2, 8, 10, and 11 of H. R. 14961 are identical with sections 1, 2, 9, 11, and 12 of H. R. 14677, respectively. Sections 3, 4, 5, 7, and 9 of H. R. 14961 are practically identical with sections 3, 4, 5, 8, and 10 of H. R. 14677, except that the sections of H. R. 14677 have been amended so as to transfer and consolidate the property, personnel, and functions of the Public Health Service in so far as they relate to the medical examination and medical care of veterans of the World War, and consolidate them with the bureau of veteran reestablishment. For reasons stated above, this consolidation is not approved by the department.

Section 6 of both bills, while not identical, provides for the establishment of district offices for decentralizing the operations of the bureau of veteran reestablishment. This decentralization would be highly desirable.

Section 7 of H. R. 14677 provides that the duties heretofore performed by the Public Health Service in the physical examination and the assignment to hospitals of beneficiaries under the present war-risk insurance act be transferred to the bureau of veteran reestablishment. The department regards this provision as feasible, provided that the Public Health Service and the bureau of veteran reestablishment are placed under the same assistant secretary as the other agencies involved. If this is done it will be practicable to detail medical officers of the Public Health Service to the bureau of veteran reestablishment for the performance of the medical examinations required, such officers to act for the bureau of veteran reestablishment.

Under this arrangement the director of the bureau of veteran reestablishment would have control of physical examinations of applicants to his bureau and their reference to hospitals. The important matters of the rating of disability and payment of compensation are necessarily based upon medical examinations, and these functions may therefore be fairly regarded as a proper part of his responsibility. After the completion of the physical examination, should the claimant need medical care or treatment, the director is also in charge of administrative machinery by which such claimant is referred for medical care and treatment to the proper hospital, agency, or agencies.

This department has fully realized the gravity of the situation and the magnitude of the task, and constant consideration has been given to methods by which more efficient service could be rendered. To this end the two bureaus which are placed in this department were, as already explained, transferred to the supervision of one assistant secretary.

So far as the Bureau of War Risk Insurance is concerned, its transfer to and consolidation with the bureau of veteran reestablishment is, in my opinion, entirely practicable. But, as already indicated, whether or not the Bureau of War Risk Insurance is consolidated with the bureau of veteran reestablishment, it and the Public Health Service should be transferred from the Treasury and kept under the supervision of the same assistant secretary.

Sincerely, yours,

D. F. HOUSTON.

LETTER SUBMITTED BY THE SECRETARY OF THE INTERIOR.

DEPARTMENT OF THE INTERIOR,
*Washington, January 10, 1921.*Hon. JOHN J. ESCH,
*Chairman Committee on Interstate and
Foreign Commerce, House of Representatives.*

MY DEAR MR. ESCH: Answering your request for report upon H. R. 14961, a bill "To establish in the Interior Department a bureau of 'veteran reestablishment,' and for other purposes," it appears that the bill contemplates the establishment in this department of a bureau the duties of which will include certain functions now exercised by the Bureau of War Risk Insurance, the Federal Board for Vocational Education, and the United States Public Health Service.

I have no objection to offer to the transfer of these duties to the Interior Department if Congress and the heads of other Government departments interested deem the change advisable. It occurs to me, however, that inasmuch as various bills have been introduced into Congress proposing to investigate alleged duplication of functions of various bureaus and departments and the reassignment of related subjects to departments other than where the functions are now being performed, it would be advisable not to make any changes until the whole matter has had the consideration of Congress and a general readjustment decided upon.

Cordially, yours,

JOHN BARTON PAYNE,
Secretary.

LETTER SUBMITTED BY LIEUT. M. S. STEVENSON.

THE DISABLED EMERGENCY OFFICERS OF THE WORLD WAR,
*Washington, D. C., January 11, 1921.*Hon. JOHN J. ESCH,
*Chairman Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D. C.*

HONORED SIR: I am requested by the executive committee of this organization, composed of disabled emergency officers, to inform you of our approval of the legislation known as the Rogers bill, H. R. 14961, "A bill to establish in the Interior Department a bureau of veteran reestablishment, and for other purposes," now under consideration by the Committee on Interstate and Foreign Commerce of the House of Representatives.

Will you not present this statement to the members of this committee as an expression of the opinion of an organization of disabled ex-service men, many of whom have suffered difficulties in their dealings with the three agencies now having to do with the disabled?

We firmly believe that the consolidation of these three agencies under one responsible head and the decentralization of that bureau, as contemplated in the Rogers bill, will to a great extent remedy the present conditions, and we ask, therefore, for the enactment of legislation that will carry out this principle.

Very respectfully,

Lieut. M. S. STEVENSON,
*National Commander Disabled Emergency
Officers of the World War.*

LETTER SUBMITTED BY HON. JAMES P. MUNROE.

FEDERAL BOARD FOR VOCATIONAL EDUCATION,
*Washington, January 8, 1921.*HON. JOHN J. ESCH,
*Chairman Committee on Interstate and Foreign Commerce,
Washington, D. C.*

MY DEAR SIR: Your communication of December 27, relative to the bill (H. R. 14961) "To establish in the Interior Department a bureau of veteran reestablishment," and addressed to the director, has been referred by him to this board.

We thank you for asking us for a report, and it gives me pleasure to transmit to your committee, through you, two statements: One, prepared by Secretary Wilson, chairman of the board, and one by myself. These statements, in substance, have been submitted to the board as a whole, and meet with their unanimous approval.

I take it for granted that you will do us the favor to make these statements a part of the printed record of the hearing on H. R. 14961, now in progress before your committee.

Yours, very sincerely,

JAMES P. MUNROE, *Vice Chairman.*

STATEMENT SUBMITTED BY THE SECRETARY OF LABOR.

The following statement relative to House bill 14961, introduced by Representative Rogers, of Massachusetts, has been prepared by the chairman of the Federal Board for Vocational Education, Hon. William B. Wilson, Secretary of Labor, and represents the attitude of the board as a whole toward the proposed measure.

"If such a merger would give more prompt, efficient, and sympathetic consideration to the claims of disabled soldiers, I would be for it even though it might be less economical. No facts have thus far been produced to show that any greater efficiency would be achieved, any more sympathetic consideration would be given to the disabled soldiers, or any more economical administration would result from combining the rehabilitation service with the other bureaus. On the contrary, there is great likelihood that the result would be injurious rather than beneficial.

"The retraining of soldiers who have been incapacitated by injuries in the service from following their former occupations is a new undertaking in Federal affairs. The Federal Board for Vocational Education was the only institution in the Government that had had any previous experience in vocational training at the time the soldier rehabilitation act was passed. For that reason the organization and development of the work was placed in the hands of that board. There were many problems to be worked out, many difficult and delicate questions to be settled. Arrangements had to be made with large numbers of industrial and educational institutions, public and private, for the proper retraining of the soldier in the occupation he was fitted to follow. His interests had to be safeguarded while this was being done. Defects in the administrative features of the law, that only experience with it could discover, were promptly reported to Congress and relief obtained.

"The only serious delays that have taken place in dealing with the question of rehabilitation, aside from individual cases where the status of the soldier was difficult to determine, were due to a defect in the law that did not permit the rehabilitation service to compensate the soldier during the period of retraining until the extent of his disability had been determined and the rate of his insurance decided upon. In that dilemma, pending action by Congress, the board made arrangements with fraternal organizations to finance the soldier during his training period until Congress could act, such organizations being reimbursed from the payments when they were finally determined upon. Congress accepted our recommendation and remedied the defect, and the cases are now being promptly disposed of.

"The soldier-rehabilitation work is of necessity temporary in its nature. In the natural order of events in a very few years the work will be completed. It has already reached the peak of the load. Very much more than half of the work has already been done. Most of the difficulties have been met and overcome. Under these circumstances to transfer the work to any other jurisdiction would in my judgment disturb the conduct of the work to such an extent as to result in more or less confusion and delay.

"In that connection it should be borne in mind that the industrial rehabilitation act has also been placed in the hands of the Federal Board for Vocational Education for administration. The training part of the problems of industrial rehabilitation are identical with the training problems of soldier rehabilitation, and if the administration of them is separated it is bound to lead to difficulties of administration in so far as connection with industrial establishments is necessary in securing proper retraining.

"I am strongly of the opinion that it would be injurious to the disabled soldiers to have this service, which is working effectively and efficiently, disturbed by a transfer or merger of any kind."

STATEMENT SUBMITTED BY JAMES P. MUNROE, VICE CHAIRMAN FEDERAL BOARD FOR VOCATIONAL EDUCATION.

The proposed bill (H. R. 14961) to consolidate the work of the Bureau of War Risk Insurance, so much of that of the Bureau of the Public Health Service as is concerned with the disabled ex-service men, and so much of that of the Federal Board for Vocational Education as relates to soldier rehabilitation under an Assistant Secretary in the Interior Department, might be justified could it be shown that such consolidation would result either in substantial reduction of expenditure, in the elimination of needless duplication of effort, or in more efficient service to the disabled men.

The suggested consolidation can not effect reduction in costs, since the proposed new department would require a combined staff and a combined clerical force at least as large as the sum total of those now employed. On the contrary, it is reasonably to be expected that, in order to keep in touch with activities so divergent as those relating to compensation and insurance, those involving medical and hospital care, and those relating to the training and placing of disabled men,

the proposed Assistant Secretary would be obliged not only to retain staffs corresponding to those now existing, but also to employ additional highly paid executives to act as his immediate agents. It should be noted, too, that an individual competent to supervise activities as diversified as those dealing with insurance problems, medical problems, and problems of vocational training and placement would be difficult to find.

The proposed measure can not in itself eliminate duplication, if such exists, for the question is purely one of working relations among organizations charged with differing responsibilities. The three fields covered by the War Risk Bureau, the Bureau of the Public Health, and the Federal Board for Vocational Education, are, in the nature of the case, separate and well defined. The working relations between the War Risk Bureau and the Federal Board and between the Public Health Bureau and the Federal Board are already so far perfected as to practically eliminate all needless duplication. If any such duplication exists in the work of the War Risk Bureau and the Public Health, and if there is any virtue in single control, it should be easy to cure by departmental action, since both those bureaus are in the Treasury Department.

As to the claim that the proposed legislation would result in greater efficiency of service to the disabled, it is difficult to see how this can be brought about by the mere expedient of consolidation under a single officer. In most of the 14 districts into which the Federal Board for Vocational Education divided the United States in inaugurating its rehabilitation work, and in many of the more than 100 local offices within those districts, the War Risk Insurance, the Public Health, and the Federal Board occupy quarters in the same building and all three are acting, in cooperation with the American Legion, the Veterans of Foreign Wars, the American Red Cross, and many other helpful organizations, as a single agency for giving prompt service to the disabled soldiers, sailors, and marines. Moreover, in the hospitals and sanatoriums the Public Health and the Federal Board are working in close harmony to carry out the joint task of physical and industrial rehabilitation, while the providing of continuous support by the bureau and the board is functioning as smoothly under existing conditions as it could under a consolidated organization.

The problem of service to the disabled ex-service man being so largely one of getting him back into remunerative work through vocational training in schools and industries the responsibility should not be taken away from the Federal Board of Vocational Education unless strong evidence is presented that some other department or bureau will do a better piece of practical training work. However efficient such a new bureau might eventually become, it would have to start at the bottom to acquire what the Federal Board has already learned through its three and a half years of experience with the vocational education act and through its two and a half years' experience with the soldiers' rehabilitation law, and meanwhile the disabled soldiers would have to wait. Incidentally, the administration of that law and of the industrial rehabilitation act passed June 2, 1920, should not be divided.

Whatever difficulties some of the disabled ex-service men may be experiencing, they are not due to any neglect or indifference on the

part of the Federal Board for Vocational Education. Its organization is not, of course, perfect; but the tens of thousands of disabled men who are utilizing its service will testify that it is doing an efficient job. The work of determining the eligibility for training, under the terms of the law, of the disabled ex-service men is practically completed. As of December 1, 1920, nearly 108,000 have been declared eligible under section 2 (with maintenance) and over 75,000 under section 3 (without maintenance). Nearly 90,000 cases, after examination, have been closed. Of the 108,000 eligible under section 2, about two-thirds have already entered training, and the reasons for not entering or for postponing training of the remaining one-third have been ascertained. The Federal board is asking for additional legislation which, if enacted, will open the opportunity for training to tens of thousands not now eligible under the law.

The Federal board has decentralized its work to a degree seldom or never before experienced in Government work. Should the responsibility for the disabled ex-service men be placed in other hands, the benefits of this decentralization would be largely sacrificed and the efficiency of the work would be greatly curtailed. The peak of the soldier rehabilitation work will probably be reached during the current year and the task will be, as far as numbers are concerned, a gradually diminishing one thereafter. To transfer a work that is temporary in character, that is already largely accomplished, and that is becoming, through experience, more efficient every day, to new and untried hands can not be justified unless those who are advocating the change can show specifically and in definite terms and figures where there will follow economies in expenditure, elimination of so-called "red tape," or greater administrative efficiency. This the advocates of the proposed consolidation have not yet done.

LETTER SUBMITTED BY HON. J. W. FORDNEY.

COMMITTEE ON WAYS AND MEANS,
HOUSE OF REPRESENTATIVES,
Washington, D. C., January 12, 1921.

The COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
House of Representatives, Washington, D. C.

GENTLEMEN: Referring to H. R. 14961, the Rogers bill, introduced in the House on December 11, 1920, and now before your committee, looking to the creation of a new bureau in the Interior Department to have jurisdiction over all the activities relating to soldiers of the late war, permit me to submit for your consideration the following:

1. The formation of an entirely new bureau to take over the activities of the Bureau of War Risk Insurance and those pertaining to the Federal Board for Vocational Education and the United States Public Health Service, which relate to the veterans of the World War, would necessitate the incurrence of a very large initial expense, the employment of a number of high-salaried officials, and the maintenance of a new and separate establishment and organization. It needs no argument to convince anyone that such a proceeding would be a very expensive one—how expensive I am not able to say,

because I have not had time to formulate in my own mind the character of the organization which would be required to administer the duties of such a new bureau. It seems to me that the formation of this new bureau would merely create a new agency whose activities would, in part at least, duplicate the activities of other bureaus and departments, which I am sure you would not sanction, and under the present disposition of Congress would fail of majority support because of its declared intention to eliminate useless expense and duplication of work.

2. The transfer of the compensation division of the Bureau of War Risk Insurance to the Pension Bureau, as proposed in my bill, H. R. 2022, May 22, 1919, and favorably reported out of the Committee on Invalid Pensions, and by my later bill, H. R. 13089, March 16, 1920, now before your committee, as well as Senator Smoot's bill, S. 3657, January 6, 1920, would greatly simplify and standardize the work of the Bureau of War Risk Insurance (that compensation division of the bureau is, or very shortly will be, practically all the work there), and I am confident would also expedite the adjudication of claims coming before it and would entail only a small initial outlay. It would dovetail into the organization of the Bureau of Pensions with scarcely any perceptible disturbance of public business and result in the adjudication of all pension claims under one authority, payment of such pensions by one agency, and the auditing accounts of the payments by the same fiscal agents of the Treasury Department.

3. It is not apparent from an examination of the Rogers bill, H. R. 14961, wherein any material benefits will accrue to the soldiers of the World War by having the three activities mentioned consolidated into a new bureau. The general complaint of lack of cooperation, conflict of authority, and coordinate jurisdiction should be matters for adjustment between the heads of the several departments controlling the several agencies, and then the several agencies should make it their business to work together in harmony, rather than be inspired by an ambition to promote the interests of any individual, bureau, or organization. For over a century the Bureau of Pensions has adjudicated claims for pension and yet has never experienced any difficulty in transacting business with soldiers' homes and hospitals who have had the responsibility of caring for and treating soldiers who were pensioners. I can conceive no reason why a similar condition of affairs should not exist with regard to soldiers of the World War.

4. I append hereto for your further consideration several papers bearing on the advisability of transferring to the Pension Bureau the compensation division above referred to, as follows:

Exhibit A: Copy of a letter I wrote on May 22, 1920, to each Senator and Congressman.

Exhibit B: A letter to the Secretary of the Interior by the Commissioner of Pensions, dated June 6, 1918, setting forth the mistake that had been made in creating a new bureau for the payment of pension.

Exhibit C: A letter addressed to me by the Commissioner of Pensions—written at my request—setting forth how easily and with what little added expense the Pension Bureau could handle all the work

now being done by the compensation division of the Bureau of War Risk Insurance at a tremendous expense.

Exhibit D: Clipping from the Congressional Record of December 23, 1920, part of a speech by Senator Frelinghuysen.

Exhibit E: Report of the Committee on Invalid Pensions on my bill, H. R. 2022, above referred to.

Very respectfully, yours,

J. W. FORDNEY.

EXHIBIT A.

COMMITTEE ON WAYS AND MEANS,
HOUSE OF REPRESENTATIVES,
Washington, D. C.

MY DEAR CONGRESSMAN: I deem it proper at this time to bring to your attention a very important matter, so that you may have knowledge of the similar functions of the Bureau of Pensions and the Bureau of War Risk Insurance, in so far as they relate to the consideration and payment of claims for pension and for compensation as provided in Article III of the act approved October 6, 1917, and amendments thereto. I do this in order that we may determine whether so much of the work of the Bureau of War Risk Insurance as relates to compensation should be transferred to the Bureau of Pensions.

Since the foundation of the Republic all of the pensions paid to soldiers, seamen, and marines have been paid through the Pension Bureau. All of the archives relating to such claims are on file in the Pension Bureau. This comprehends the War of the Revolution, the War of 1812, the Mexican War, the Civil War, the Spanish-American War, and the various Indian wars.

Thus not only the pension history of the Government in all its various forms is in the same place, but also is found there the individual military and naval history of each claimant for pension. There is a continuous record with relation to such matters in the one place without a break since the beginning of this Government.

The act of October 6, 1917, for the first time in the history of the Government, took away from the Pension Bureau the consideration of claims based upon military and naval service. It calls the bounty of the Government "compensation" instead of "pension," but the purpose and meaning of both terms is exactly the same.

The employees of the Pension Bureau are peculiarly and effectively trained in the adjudication of claims for pension. The building which they occupy is the only one which is distinctively for the use of a bureau. It is arranged conveniently to accommodate that kind of work. The bureau is officered and regulated for the proper and early disposition of claims. It has a field force, the members of which have had years of experience in inquiry into and report upon claims. It has an arrangement for designating and placing the files of the bureau so as to make them readily accessible.

Its various divisions for considering and adjudicating claims, reviewing them, enrolling them, and paying those admitted, have had many years of experience, and they work expeditiously and intelligently. They could easily handle the added work incident to claims for compensation.

The adjudication of invalid pension claims involves both the procuring, arranging, and weighing of the evidence necessary to determine the legal title of applicants and the consideration of anatomical, surgical, and pathological questions in order to determine whether a ratable degree of disability exists and to decide upon a legal and equitable rate of pension in case of allowance. This work, especially where a combination of disabilities is alleged, is often complicated and presents many difficult and perplexing problems. The Bureau of Pensions has in the years which have passed since its establishment gradually built up a system for handling such claims. During this process much progress has been made in discovering and correcting mistakes of policy and practice, eliminating inconsistencies, and bringing about orderly method. While it is not contended that the system is perfect, it is believed to be far superior to any

which could be developed without years of practical training and experience along these lines.

The Bureau of Pensions has the trained force and the machinery necessary for mailing millions of checks annually with efficiency and despatch. In its Disbursing Officer and Finance Division it is supplied with the equipment necessary to make payments of amounts, large or small, in lump sums or at fixed intervals, to large numbers of people, and to make adequate administrative examination of the accounts of such payments in accordance with law.

The Bureau of Pensions has a Medical Division, with a trained and experienced corps of medical examiners and reviewers, whose duties are to pass on all medical questions as to pathological results, and immediate cause of death, and the fixing and adjusting of rates commensurate with the degree of disability shown. This class of work is so vitally important that it is deemed wise and proper to have the concurrent opinion of at least two—and in many cases three—medical men on every case, and this has been for a long time, and is still, the practice of the Medical Division.

The local examining boards situated at convenient places throughout the United States number about 1,300, in addition to which there are about 154 single surgeons and 529 specialists. These physicians are selected by reason of their skill in medicine and surgery, and, after long experience in making examinations and giving exact pen pictures of the conditions of claimants for pension, have become very proficient along these lines.

In doubtful pension cases a special investigation in the field becomes necessary to determine the merits of the claim or whether any criminal features are involved. Examples of such cases are those in which the origin of the disability is obscure, the identity of the claimant is uncertain, or the evidence as to legal widowhood, or other essential elements of title is inconclusive, or in which there are indications of fraud. This work is done by the Special Examination Division, which was organized shortly after the Civil War, and has developed a practical system of investigation, maintaining throughout the United States a skillful corps of "special examiners," as the field investigators are designated. This division has an efficient organization and superior facilities for training additional operatives, and is well equipped for the field work which will inevitably arise in connection with claims based on death or disability, under article 3 of the act of October 6, 1917, as amended by the act of December 24, 1919. A carefully selected and capable office force is charged with the administration of the field service, which was never more efficient than now.

My attention has been called to a number of concrete cases where the jurisdiction of the Bureau of War Risk Insurance and the Bureau of Pensions conflicts. In many of such cases this conflicting authority eventuates in independent allowances by each bureau, resulting in double payment by the Government for the same thing, which I am confident Congress would never knowingly have sanctioned. The Commissioner of Pensions is without specific authority in law to deduct from an allowance of pension any payment of compensation to the same beneficiary covering the same period, where, under similar conditions, the provisions of section 4715, Revised Statutes, would prohibit a double allowance of pension.

This confusion is worse confounded by the provisions of the act of December 24, 1919, whereby the Bureau of War Risk Insurance and the Bureau of Pensions have coordinate and concurrent jurisdiction in claims growing out of service between April 6, 1917, and October 6, 1917.

The chairman of the Committee on Invalid Pensions, in Report No. 277 on H. R. 2022, to which your attention is invited, stated that "It is confidently believed that the addition of 300 clerks to the present force would enable the Bureau of Pensions to take care of the additional work which would be devolved upon it by the enactment of the proposed bill."

In view of all the facts set forth in the foregoing statement, do not considerations of efficiency, economy, and good business administration demand that the adjudication of claims on account of death or disability incurred in line of duty in the military or naval service of the United States subsequent to April 6, 1917, be placed under the jurisdiction of the Bureau of Pensions and that such records and documents as may have been filed in the Bureau of War Risk Insurance in connection with claims for compensation be transferred to the former bureau?

Cordially, yours,

J. W. FORDNEY.

EXHIBIT B.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,
June 6, 1918.

The SECRETARY OF THE INTERIOR.

MY DEAR MR. SECRETARY: The officials of the Pension Bureau deem it proper at this time to mention what they think is a very important matter which should be brought to the attention of the President, so that he may have before him a knowledge of the similar functions of the Pension Bureau and of the War Risk Bureau, especially in so far as they relate to the consideration and payment of claims for compensation as provided in the act relating to the Bureau of War Risk Insurance, approved October 6, 1917. This in order that he may understand whether they correlate, "so that they may cooperate and function in the most effective way."

Since the foundation of the Republic all of the pensions paid to soldiers, seamen, and marines have been paid through the Pension Bureau. All of the archives relating to such claims are on file in the Pension Bureau. This comprehends the War of the Revolution, the War of 1812, the Mexican War, the Civil War, the Spanish-American War, and the various Indian wars.

Thus not only the pension history of the Government in all its various forms is in the same place, but also is found there the individual military and naval history of each claimant for pension. There is a continuous record with relation to such matters in the one place without a break since the beginning of this Government.

The act of October 6, 1917, for the first time in the history of the Government takes away from the Pension Bureau the consideration of claims based upon military and naval service. It calls the bounty of the Government "compensation" instead of "pension," but the purpose and meaning of both terms is exactly the same.

The employees of the Pension Bureau are peculiarly and effectively schooled in the administration of claims for pension. The building which they occupy is the only one which is distinctively for the use of a bureau. It is arranged conveniently to accommodate that kind of work. The bureau is officered and regulated for the proper and early disposition of claims. It has a field force, the members of which have had years of experience in inquiry into and report upon claims. It has an arrangement for designating and placing the files of the bureau so as to make them readily accessible.

Its various divisions for considering and adjudicating claims, reviewing them, enrolling them, and paying those admitted have had many years of experience, and they work expeditiously and intelligently. They could easily handle the added work incident to claims for compensation.

The adjudication of invalid pension claims involves both the procuring, arranging, and weighing of the evidence necessary to determine the legal title of applicants, and the consideration of anatomical, surgical, and pathological questions in order to determine whether a ratable degree of disability exists and to decide upon a legal and equitable rate of pension in case of allowance. This work, especially where a combination of disabilities is alleged, is often complicated and presents many difficult and perplexing problems. The Bureau of Pensions has, in the years which have passed since its establishment, gradually built up a system for handling such claims. During this process much progress has been made in discovering and correcting mistakes of policy and practice, eliminating inconsistencies and bringing about orderly method. While it is not contended that the system is perfect, it is believed to be far superior to any which could be developed without years of practical training and experience along these lines.

The Bureau of Pensions has the trained force and the machinery necessary for mailing millions of checks annually with efficiency and despatch. In its Disbursing Office and Finance Division it is supplied with the equipment necessary to make payments of amounts, large or small, in lump sums or at fixed intervals, to large numbers of people, and to make adequate administrative examination of the accounts of such payments in accordance with law.

The Bureau of Pensions has a Medical Division, with a trained and experienced corps of medical examiners and reviewers, whose duties are to pass on all medical questions as to pathological results and immediate cause of death, and the fixing and adjusting of rates commensurate with the degree of disability

shown. This class of work is so vitally important that it is deemed wise and proper to have the concurrent opinion of at least two—and in many cases three—medical men on every case, and this has been for a long time, and is still, the practice of the Medical Division.

The local examining boards situated at convenient places throughout the United States number about 1,300, in addition to which there are about 128 single surgeons and 550 specialists. These physicians are selected by reason of their skill in medicine and surgery, and, after long experience in making examinations and giving exact pen pictures of the condition of claimants for pension, have become very proficient along these lines.

In doubtful pension cases a special investigation in the field becomes necessary to determine the merits of the claim or whether any criminal features are involved. Examples of such cases are those in which the origin of the disability is obscure, the identity of the claimant is uncertain, or the evidence as to legal widowhood or other essential elements of title is inconclusive, or in which there are indications of fraud. This work is done by the Special Examination Division, which was organized shortly after the Civil War and has developed a practical system of investigation, maintaining throughout the United States a skillful corps of "special examiners," as the field investigators are designated. This division has an efficient organization and superior facilities for training additional operatives, and is well equipped for the field work which will inevitably arise in connection with claims based on death or disability under Article III of the act of October 6, 1917. A carefully selected and capable office force is charged with the administration of the field service, which was never more efficient than now.

The War Risk Bureau is overburdened because of its stupendous task, and it would be greatly relieved to consolidate with the Pension Bureau all the work that relates to compensation.

Mr. Secretary, this suggestion is wholly unselfish and made from a sense of public duty.

Respectfully,

G. M. SALTZGABER, *Commissioner*.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,
Washington, October 27, 1919.

THE SECRETARY OF THE INTERIOR.

DEAR MR. SECRETARY: A number of questions have arisen in the Pension Bureau with reference to our duty in view of the laws governing the Bureau of War Risk Insurance and those providing for pensions. Stated interrogatively, the questions might be propounded as follows:

(1) Is it proper to pay to a pensioner both the pension allowed by pension law and compensation provided for by the war risk law to the same person covering the same period?

(2) Is a woman entitled to pension as widow of a soldier who rendered service prior to October 6, 1917, and also entitled to compensation as dependent mother of a soldier who served in the World War?

(3) Is a woman entitled to compensation at one and the same time as widow on account of the service of a husband who served prior to October 6, 1917, and also compensation on account of the same or another husband who rendered service in the World War subsequent to October 6, 1917?

(4) Is a soldier who was in receipt of a pension prior to October 6, 1917, and who rendered service in the World War and has been discharged from that service, entitled to restoration of the pension formerly allowed, and also at the same time entitled to compensation under the war risk insurance act on account of disabilities incurred in his last service?

(5) What should be the duty of the Pension Bureau and the Bureau of War Risk Insurance as to furnishing information relative to cases where applications are made in either bureau by the same person; and what consideration should be given by one bureau to the determinations in the other bureau?

(6) Is a dependent brother or sister of a soldier in the World War entitled to compensation and also to pension as a minor child of a soldier who served prior to October 6, 1917?

I venture to suggest that these matters may be determined jointly by the Secretary of the Treasury and the Secretary of the Interior, as a matter of policy; or, if it be considered better, to submit the questions that have arisen to the Attorney General to be decided as a matter of law; or that proper legislation might be had by Congress to determine the matter.

The Commissioner of Pensions is clearly of the opinion that public policy as shown by the acts of Congress, in spirit if not in letter, prohibits the payment of more than one pension to the same person at the same time, and that compensation is included within the term "pension."

A woman can not legally draw two pensions, nor can she draw two compensations at one and the same time covering the same period. There is, however, no law specifically prohibiting the payment of a pension and a compensation, neither is there any statute affirmatively authorizing such payments, and it is not believed that the mere difference in terminology affords sufficient warrant to violate the expressed prohibition of Congress against cumulative rights.

ABSTRACT.

I am submitting herewith the papers in a number of cases in which the foregoing questions have arisen, and of which an abstract follows:

One case is that entitled certificate No. 871,113, Margaret, widow of James Fleming, Company E, Fifty-seventh Illinois Infantry. This claim was approved for allowance at the rate of \$20 per month, commencing April 2, 1917 (the date of filing the claim), and \$25 per month from October 6, 1917, under the pension laws. This pension was terminated March 4, 1918, the day before the commencement of compensation allowed by the Bureau of War Risk Insurance to the same beneficiary at the rate of \$20 per month on account of the death of her son, Robert Fleming. This widow was advised that she was at liberty to elect whether she would receive the pension at the rate of \$25 per month, as widow, under act of April 19, 1908, as amended, or to continue to receive the compensation of \$20 per month, as mother, awarded by the Bureau of War Risk Insurance on account of the death of her son, inasmuch as it was held that because of the provisions of section 4715, Revised Statutes of the United States, it was not lawful to allow more than one pension at the same time to the same person, but that any pensioner might elect which pension he will receive. This holding, of course, involved the conclusion that compensation under the war risk insurance act is a pension within the meaning of said section 4715.

The widow claimant promptly expressed her desire to surrender the \$20 per month compensation allowance and to continue to receive the pension of \$25 per month. Thereupon, on July 29, 1919, a letter was addressed to the Director of the Bureau of War Risk Insurance, informing him of the facts in the case and of the holding of this bureau to the effect that this widow was not entitled to receive both pension and compensation for the same period, and information was requested whether, if this bureau should continue the payment of the pension, the Bureau of War Risk Insurance would terminate the payment of compensation to her as dependent mother. No direct response to this communication has, as yet, been received, although it has been intimated in conversation with certain officials of the War Risk Insurance Bureau by them that that bureau would probably not feel warranted in terminating the payment of compensation in a case of this character. An official response in writing, at an early date, has been promised. It is not apparent how a proper course, in cases of this character can be determined upon and carried out except through an agreement between the Department of the Interior and the Treasury Department as to the proper interpretation of existing laws, or through an act of Congress dealing directly with the subject.

Section 4715, Revised Statutes of the United States, is an almost exact repetition of section 20 of the act of March 3, 1873, entitled an act to revise, consolidate, and amend the laws relating to pensions (17 Stat. L., 573). This section 20 is derived from certain provisions of the act of July 14, 1862, including a provision in section 3 of the act, "That if such mother shall herself be in receipt of a pension as a widow, in virtue of the provisions of the second section of this act, in that case no pension or allowance shall be granted to her on account of her son, unless she gives up the other pension or allowance"; and the provision in section 4, "That nothing herein shall be so construed as to entitle said orphans to more than one pension at the same time, under the provisions of this act."

The language in said statute pretty closely describes the situation in the case before us, in which the claimant is entitled to a pension as widow, and has already been allowed "compensation" on account of her son.

The intent of Congress would be properly reflected in a refusal to grant a pension, as widow, and "compensation," as mother, covering the same period in the case now under consideration although Congress could not, of course, in 1862, have had in contemplation the exact situation which has now arisen.

The act of April 19, 1908, under which this widow claims pension, does not require proof that she is without means of support and her claim can, of course, not be rejected on the ground that she has an adequate income from other sources, including the allowance made by the War Risk Insurance Bureau on account of the death of her son. On the other hand, the war risk insurance act provides compensation for a mother only in case she was dependent upon her son for support. The War Risk Insurance Bureau would not, however, reject a dependent mother's claim solely for the reason that she was known to be in receipt of a pension of \$25 per month. It is understood that that bureau regards a mother as dependent only in case she is in receipt of an income of less than \$50 per month. While this bureau has no official information to that effect, it is probable that this claimant is in receipt, not only of compensation at the rate of \$20 per month, on account of the death of her son, but that she is receiving, or will be granted, insurance on account of his death, amounting probably to more than \$50 per month, payable for 240 months.

In the claim, original No. 1139776, Mary R., widow of Peter J. Haines, Company I, One hundred and thirty-sixth Pennsylvania Infantry, which is herewith submitted, it is shown that this claimant is in receipt of an insurance allowance by the Bureau of War Risk Insurance of \$57.50 per month to continue for a period of 240 months. She is also in receipt of compensation at the rate of \$20 per month as mother of Joseph E. Haines, Company H, Three hundred and fourteenth Infantry. Her claim in this bureau as widow of Peter J. Haines has been approved for allowance at the rate of \$25 per month, to commence April 15, 1919, but a certificate has not been issued because of the questions arising whether the provisions of section 4715, Revised Statutes of the United States, above referred to, render unlawful the payment of both a pension and compensation covering the same period of time. The Bureau of War Risk Insurance holds that the receipt of an insurance allowance, no matter how great, does not prevent the allowance of compensation to the same beneficiary as dependent mother, and, as before stated, the question of dependence does not enter into the consideration of claims in this bureau under the act of April 19, 1908.

Similar difficulties and complications arise in the consideration of invalid claims of soldiers who had completed services prior to October 6, 1917, and rendered service subsequently during the period of the recent war:

In the case, certificate No. 1168695, Henry L. Anderson, Company M, Battalion United States Engineers, the soldier was pensioned at \$6 per month on account of nasopharyngeal catarrh, contracted about 1903. Pension was terminated because of his reenlistment December 1, 1917, in a service from which he was discharged June 18, 1919. This soldier has applied for restoration of the pension formerly granted, and a report from the Bureau of War Risk Insurance shows that he has a claim for compensation pending, based upon "osteo arthritis, lumbar vertebrae, chronic." No medical examination has, as yet, been had under the claim for restoration of pension, and the question arises whether this soldier may properly be allowed a pension and compensation, either for the same or other disabilities, covering the same period of time.

In the case certificate No. 1134547, John Donovan, Company E, Ninth United States Infantry, the soldier was pensioned at \$14 per month on account of malarial poisoning and disease of bladder incurred in the service prior to his discharge on March 5, 1906. Pension was terminated because of his again entering the service January 11, 1918. This last service terminated February 4, 1919, and he has applied for restoration of pension. This bureau is advised that he has been granted compensation at the rate of \$30 per month, presumably on account of aortic regurgitation, defective hearing, and defective vision. Can he be lawfully allowed restoration of pension to cover the same period during which he is, or shall be, in receipt of such compensation?

In the case certificate No. 1175818, Oscar Whiteside, One hundred and seventieth Company, United States Coast Artillery Corps, the soldier was pensioned at \$6 per month on account of injury to right foot, incurred in 1913. Pension was terminated on account of his reenlistment June 17, 1917, in a service from which he was discharged January 30, 1919. He has applied for restoration of

pension and this bureau is advised by the Bureau of War Risk Insurance that he has been allowed compensation at the rate of \$30 per month from February 8, 1919, day after his discharge, to February 20, 1919, the day he started work, and \$6 per month from February 20, 1919, based, apparently, on a fractured left knee and injured right foot. Can pension properly be allowed covering any part of the same period?

In the case certificate No. 1177654, Thomas E. Kelly, United States Navy, pension was allowed at \$10 per month on account of injury to right hand, with loss of part of ring and little fingers, incurred prior to his discharge, October 27, 1915. Pension was terminated because of his reenlistment in the Navy, June 5, 1917. He was discharged from this last service February 15, 1919, and has applied for restoration of his pension. On June 24, 1919, the Bureau of War Risk Insurance forwarded to this bureau a letter from the claimant with a statement that the chief medical adviser of the Bureau of War Risk Insurance rated this man's disability at 15 per cent, amounting to \$4.50 per month, and that the claimant had been advised that it would be to his advantage to communicate with the Bureau of Pensions "with reference to having his pension claim reopened." This seems to recognize the principle that both pension and compensation should not be paid for the same period. On August 19, 1919, this sailor applied for restoration of pension. Under date of September 1, 1919, the Bureau of War Risk Insurance, in response to an inquiry from this bureau, stated that the records of that bureau "failed to disclose any application for compensation or insurance was ever made by the sailor." Should this bureau adjudicate the claim for restoration without reference to any right the claimant may possibly have to compensation under the war risk insurance act?

In the claim, original No. 1141930, Mary E. Burris, as widow of John Burris, late of Company A, Twenty-ninth Illinois Infantry, asks for pension of \$25 per month under the act of April 19, 1908, and she is receiving compensation through the War Risk Insurance Bureau. The case is undetermined.

Richard T. Mattingly, Company D, Twelfth Kentucky Cavalry, was a pensioner under certificate No. 140864, at the rate of \$40 a month from June 1, 1918, by reason of age and length of service in the Civil War. He died July 1, 1918, leaving neither widow nor minor child surviving. His son, Hilary Mattingly, of Cloverport, Ky., has made application for reimbursement of expenses of the last sickness and burial of his father, under the provisions of the act of March 2, 1895.

Since the filing of said application in this bureau for reimbursement it developed that the soldier during his lifetime was the beneficiary of an allowance and allowance (S-3103133) under the provisions of the act of October 3, 1917, on account of his son, William Patrick Mattingly, Fifth Company, Second Battalion, One hundred and fifty-ninth Depot Brigade, and at his death an unpaid balance due and payable to him (amount not stated), which Comptroller of the Treasury has decided (24 Comp. 521 and 733) is available for funeral expenses, expenses of last illness, board, rent, or other household expenses for which decedent was liable.

It will thus be seen that there are two sources from which the person bore the expenses of the last sickness and burial of a deceased pensioner may be reimbursed by the Government. Unless there is cooperation and harmony in the practice and proceedings of the Bureau of Pensions and the Bureau of War Risk Insurance in the adjudication of this class of claims for reimbursement there exist grave possibilities that double reimbursements will be made for the same expense. In order to protect itself this bureau has already adopted measures by which it may be able to ascertain in all claims for reimbursement whether the deceased pensioner was at the time of his death a beneficiary under an award of the Bureau of War Risk Insurance; but unless the practice of the two bureaus is in complete accord, one or the other of the bureaus will allow reimbursement even after the other bureau has already done so, double payments result for the same expenses. In the event that neither accrued pension nor the accrued award is sufficient to liquidate the expenses account for last sickness and burial, then either bureau could approve an allowance to cover the balance only.

The following laws are cited as applicable: Section 4715 Revised Statutes of July 25, 1882 (22 Stat. L. 176); section 4724 Revised Statutes; and section 301, paragraph g, of the act of October 6, 1917 (40 Stat. L. 398).

Cordially, yours,

G. M. SALTZGABER, *Commissioner*

BUREAU OF VETERAN REESTABLISHMENT.

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ADMINISTRATION OF CLAIMS FOR COMPENSATION UNDER THE WAR RISK INSURANCE ACT AND FOR PENSION UNDER PRIOR ACTS SHOULD BE CONSIDERED.

SEPTEMBER, 1917.

War Risk Insurance, which was created in 1914 and which has been enormously enlarged and extended by legislation enacted since 1917, has been confronted with the task of organizing four distinct projects, viz. marine and seamen's insurance, wharfmen's liability allowances, military and naval insurance, and the payment of compensation on account of death or disability incurred in the military or naval service during the present war.

Of these projects present problems and involve activities wholly outside of the nucleus of an organization existed in the Department, and not even the nucleus of an organization existed in the Department for their development. Consequently, it became necessary to build up an organization from the scratch, and the difficulties of this task, especially with time an important factor, are readily imagined. In the face of these difficulties much has been made.

A greater part of the work of the Bureau of War Risk Insurance is Government, that is not true of one of its important functions under the act of October 6, 1917—the payment of compensation for death or disability incurred in the military or naval service. On the contrary, a Government agency created for the performance of work of this character has existed for nearly a century and that agency is the Bureau of Pensions in the Department of the Interior.

The Bureau of Pensions is charged with the administration of all pensions which accrue to pension accrued prior to October 6, 1917, as amended by the act of June 25, 1910, and the act of October 6, 1917, as amended by the act of June 25, 1910, in part as follows:

"That compensation under this article shall not be paid while the recipient of service or retirement pay. The laws providing for payments in the event of death in the service and existing pensions shall not be applicable after the enactment of this amendment to any active military or naval service on the sixth day of October, 1917, or to their widows, children, or their dependents, except in so far as any such law have heretofore accrued."

Between the Secretary of the Treasury and the Secretary of the Bureau of Pensions, in addition to adjudicating all pensions in all cases where the service upon which the claim is based has terminated on or after that date are adjudicated by the Bureau of Insurance.

"Insurrection" which, under the provisions of Article III of the act of 1917, is to be paid on account of death or disability incurred in all intents and purposes, pension. Webster's dictionary defines "a regular stipend paid by a Government to retired public officials, soldiers, the families of soldiers killed in service," etc. and the term "compensation" is simply another word for what is the same thing. Under existing conditions, therefore, the Government has two bureaus engaged in the business of granting and paying

any doubt that the maintenance of two separate and distinct bureaus in precisely similar work, such as a different department, is illogical and wasteful? It seems clear that in the interest of economy, economy, and consistent and harmonious action, such consolidation, and this is now made possible by the pension and Veterans Bill.

Of course claims based on service in the World War are all in the Bureau of Pensions if death or disability occurred prior to October 6, 1917, and claims based on service terminated on or after that date are in the Bureau of War Risk Insurance, even though the

disability which resulted in death or discharge was incurred prior to the date named.

With the exception of less than half a dozen persons who were transferred from the Bureau of Pensions last fall, the Bureau of War Risk Insurance has no one in its organization who has had special training in this work. It takes time to train men to do unfamiliar work, especially work which is largely technical in character. In the matter under discussion time is a vital factor. Doubtless many claims under Article III of the act of October 6, 1917, have already been filed and the number will increase the longer the war continues. It is of the utmost importance, therefore, that these claims be adjudicated with the least possible delay.

The Bureau of Pensions, with its trained force and the machinery already at its disposal, is well equipped to undertake, with the minimum of outlay and the maximum of efficiency, the adjudication of claims under Article III of the act of October 6, 1917—work which presents the same problems and involves the same principles of procedure as those which it has been and is being called upon to solve and apply in the administration of the pension laws.

EXHIBIT C.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,
Washington, December 19, 1919.

HON. JOSEPH W. FORDNEY,
House of Representatives, Washington, D. C.

MY DEAR MR FORDNEY: Pursuant to your recent request, I inclose herewith a memorandum containing certain facts which may be of use to you when the bill, H. R. 2022, introduced by you, shall come up for consideration in the House.

As you are aware, the committee report on that bill contains the principal arguments which were presented by this bureau in favor of the bill at a hearing held by the committee.

It seems necessary to call your attention to one feature of the bill and the report which requires serious consideration. Section 11 of the bill, H. R. 2022, is a repetition of sect on 304 of the war risk insurance act, approved October 6, 1917. It is apparent, however, that this section was repealed, or at least superseded, by the provisions of the act approved June 27, 1918: "To provide for vocational rehabilitation, etc." (40 Stat. L., 617). This fact was apparently overlooked when the bill was drawn.

It would seem to be necessary that section 11 in its entirety be omitted from the bill and that sections 12 and 13 be renumbered accordingly.

Cordially, yours,

E. C. TREMON,
Acting Commissioner.

MEMORANDUM.

[The Fordney bill, H. R. 2022.]

It is stated on page 6 of the committee report (Rept. No. 277) that it is confidently believed that an addition of 300 clerks to the present force would enable the Bureau of Pensions to take care of the additional work which would be devolved upon it by the enactment of the proposed bill. This statement is made on the assumption that the 904 positions provided for the Pension Bureau by the appropriation for the current year should all be filled by competent employees. This would necessitate, no doubt, the retirement of about 200 inefficient and superannuated employees and their replacement with more efficient persons. Adding 300 to this number would give a total force of practically 1,200. The statement that that number of employees could take care of the work which would be devolved upon the bureau by the enactment of this bill is not made at random and is not mere speculation.

On June 27, 1890, a law was enacted for the benefit of Civil War soldiers and their widows, which brought to the Pension Bureau an enormous number of new pension claims, both invalid and widows, which required adjudication. The

bureau at that time had an authorized clerical force of 2,000. During the fiscal year ending June 30, 1891, the bureau issued 250,565 pension certificates and rejected 74,047 claims, making a total of 324,612 claims adjudicated. In the year ending June 30, 1892, 311,589 certificates were issued, and 125,128 claims were rejected, making a total of 436,717 claims adjudicated within one year. The great majority of these allowances were made under the act of June 27, 1890. The amount of work involved in the adjudication of each claim was about the same as would be required in the adjudication of original claims for pension based on disabilities incurred in the recent war.

In the soldiers' claims under the act of June 27, 1890, it was necessary, in probably the majority of the claims, to secure a report of service from the War Department and to have the applicant examined by a board of examining surgeons and, in many cases to secure also evidence showing that the disabilities found were not the result of vicious habits. In the widows' claims under that act it was necessary, not only to secure reports from the War Department, but also to have furnished evidence showing that the applicant was the legal widow of the soldier.

In claims for disability arising out of the recent war it is fair to presume that, at the present time, the great majority of cases could be established by the reports from the War Department, showing incurrence of the disability claim for, together with a report of the medical examination by a board of surgeons and it is believed that these claims could be adjudicated as readily as the claims under the act of June 27, 1890, above referred to. There is a close analogy between the burdens imposed upon the Bureau of Pensions by that act and that which would be imposed by the enactment of the proposed legislation, with this difference, however, that the number of claims to be adjudicated in 1891 and 1892 was very much larger than the number of claims which have been filed for compensation on account of the recent war.

It appears from the annual report of the Commissioner of Pensions for the year 1891 that during that year 603,641 orders for medical examinations of applicants were issued, and 474,680 medical certificates of medical examinations were actually received, and calls were made in 812,072 cases for the evidence required to complete them. In the annual report of the Commissioner of Pensions for 1892 it is stated that from June 27, 1890, to October 12, 1892, less than two years and four months, 920,367 claims under the act of June 27, 1890, were filed, and 403,859 certificates were issued under that act.

On February 6, 1907, an act was passed, which resulted in the adjudication of a very large number of claims by the Pension Bureau. At that time 1,534 employees were employed, and during the year ending June 30, 1907, 236,516 certificates were issued; 60,573 claims were rejected, making a total of 297,089 claims adjudicated. In the year 1908, with 1,464 employees, 328,676 certificates were issued; 59,449 claims were rejected, making a total of 388,125 claims adjudicated.

On May 11, 1912, an act of Congress was passed, which act brought to the Pension Bureau a flood of applications. In the year ending June 30, 1913, with 1,169 employees, 443,622 certificates were issued; 26,576 claims were rejected, making a total of 470,198 claims adjudicated. These claims were more readily adjudicated than those under the act of June 27, 1890. It was not necessary to secure a medical examination of the applicant, though it was necessary to secure proof of the exact date of birth of the claimant.

On September 8, 1916, a law was passed increasing the rate of pension of certain widows, and granting pensions to certain classes of widows who had not theretofore been entitled to pension. For the year ending June 30, 1917, with 1,115 employees, 217,245 certificates were issued, and increase orders in 157,363 cases were issued. These increase claims, while simple and capable of very rapid adjudication, did, on the other hand, require that each case be drawn from the files and given consideration.

There were on June 30, 1919, in round numbers, 55,000 claims pending in the Pension Bureau. It is to be noted that these claims are nearly all of the character requiring a great deal of attention and requiring much correspondence in order to secure the necessary evidence. They can not be adjudicated rapidly. They consist largely of widows' claims, invalid claims of the Regular Army and the War with Spain, in which it is necessary to show that the disabilities alleged were incurred in the service, in line of duty, and claims under the act of March 4, 1917, based on service in certain Indian wars, in the adjudication of which numerous inherent difficulties are encountered. For this reason the number of certificates issued each year is comparatively small.

As compared with the very large number of cases disposed of by the Pension Bureau, above referred to, amounting to 324,612 in 1891, 388,125 in 1908, and 470,198 in 1913, we are informed that there were pending in the Bureau of War Risk Insurance in October, 1919, 106,880 claims, out of 311,575 for compensation which had been filed subsequent to October 6, 1917, and it is also stated that there were at that time 105,476 beneficiaries receiving payment of compensation which had been allowed.

As against this number of persons in receipt of compensation, it is interesting to know that, as shown by the annual report of the Commissioner of Pensions, there were on June 30, 1919, 624,427 pensioners on the roll to whom pension was being regularly paid.

It is believed that the figures above given are sufficient to show that the statement that the Pension Bureau, with an additional force of 300 clerks, would be able to promptly adjudicate the claims for pension which would come to that bureau as a result of the proposed legislation is not without substantial foundation.

EXHIBIT D.

[Congressional Record, Dec. 23, 1920.]

Mr. FRELINGHUYSEN. The Bureau of War Risk to-day has on its rolls in the National Capital 6,313 employees, as compared to 15,000 a year ago and 17,000 18 months ago. During the fiscal year it is costing the Government \$125,000,000 for the payment of military and naval insurance, \$10,324,000 for salaries and expenses, and \$46,000,000 for the taking over of hospitals. Meanwhile the bureau is giving out the information that it has received gross applications numbering 4,655,916 and amounting in risk to \$40,414,715,500. These are stupendous figures and would greatly impress us with the usefulness of the bureau did we not stop to examine them. The facts are that only 300,000 who have been honorably discharged from the service are still paying voluntarily on \$1,740,000,000 of the original war risks included in the \$40,414,715,500, and 200,000 now in the service are involuntarily paying on \$990,000,000 on the risks in the grand total applied for. Ninety per cent of our soldiers, sailors, and marines who in the first instance took out war-risk policies provided by the Government were not sufficiently interested in them to keep up their payments and were therefore dropped. Five per cent of these have been influenced by the bureau as the result of large expenditure of money and energy to convert their policies to life insurance handled by the Government which would otherwise be handled by private companies outside of the Government. Thus, the Government, as it has a right to do under the law, to-day holds in risks of this kind 237,411 policies amounting to \$749,145,000 in risk. Of this total \$125,503,000 is in ordinary life policies, \$233,146,000 in 20-year endowment policies, \$270,863,000 in 20-year payment life policies, \$48,359,500 in 30-year endowment policies, \$41,010,000 in endowment policies paid up at the age of 62, and \$30,252,000 in 30-year payment life insurance policies.

If such a large proportion of men have abandoned Government insurance, is it not fair to conclude that the bureau is a failure? Certainly the Government should not go into the insurance business at a loss, any more than the railroad, the telephone, or the telegraph business. The insurance should, however, be continued for those who care to keep it up; but I can see no reason why the War Risk should not be abolished and all of its functions turned over to the Pension Office. The good of the bureau thus would be retained and much expense done away with. Then, in accord with Republican policy throughout two generations, we should continue to assist those disabled in the service and their dependents. Many millions would be saved from the taxpayers and at the same time a policy would be continued which has always been proven fair and beneficial. At least one-half of the present cost—ten millions—would be saved.

EXHIBIT E.

[House Report No. 277, Sixty-sixth Congress, first session.]

The Committee on Invalid Pensions, to whom was referred the bill (H. R. 2022) vesting in the Bureau of Pensions jurisdiction of all pension claims based upon service in the Army, Navy, or Marine Corps of the United States subse-

quent to October 5, 1917; to repeal certain sections of article 3 of the war risk insurance act, and for other purposes, having considered the same, report thereon as follows:

The purpose of this bill, as indicated by its title, is to extend to all persons in the military or naval service during the present war, whose service began on or after October 6, 1917, the benefits of all existing pension laws, of which they were deprived by section 312 of the act of October 6, 1917, known as the war risk insurance act. Under the provisions of that act existing pension laws have no application to persons then in or thereafter entering the military or naval service, or to their widows, children, or dependents, except in so far as rights under such pension laws had theretofore accrued.

In lieu of pension under the general laws, article 3 of the war risk insurance act provides "compensation," which is merely a pension under another name, wherein the rates provided and the methods of arriving at the proper rate differ widely from the system established almost from the foundation of the Government and in effect up to the date of that act. It is believed that the provisions of said article 3 as to "compensation" are practically incapable of being administered equitably, and, while these provisions involve great expense and difficulty in their administration, they at the same time give a much less liberal allowance to those who rendered service in the Army and Navy of the United States during the recent war than is provided for others for similar services under the provisions of the general pension laws.

As will further appear, the truth of this statement can be readily established by a few comparisons and contracts which will be presented, and which, it is believed, warrant the repeal of the law providing for compensation and substituting therefor the provisions of the general pension laws. The war-risk insurance act relates to three distinct subjects, very slightly related to each other, namely, allotments, compensation, and insurance. Article 1 of that act has to do with provisions of a general character and definitions; article 2 provides for allotments and family allowances; article 3 for compensation for death or disability; and article 4 for insurance.

It is not the purpose of this bill to make any change whatever in the matter of allotments or of insurance, but it is addressed wholly to the subjects covered by article 3, under the head of "compensation for death or disability." There have been introduced in the present Congress a number of bills looking to the transfer to the Bureau of Pensions of part or all of the duties of the Bureau of War Risk Insurance. The bill now under consideration differs from the others in that most or all of the other bills contemplate the continuance of the allowance of compensation as provided by that act, to be administered, however, by the Bureau of Pensions, under the Department of the Interior, instead of the Bureau of War Risk Insurance, under the Treasury Department. It is not unfair to say that the war-risk insurance act of October 6, 1917, was enacted in haste and with inadequate deliberation under the stress of war. The combination of three entirely distinct functions, resulting in the creation of a bureau of enormous proportions, was unfortunate, and the results have, within the personal knowledge of almost every Member of Congress, been wholly unsatisfactory. Logically, the administration of its provisions as to allotments should have been vested in the War Department and the Navy Department, as had previously been done. The provisions as to compensation, or pension, under whatever name, should have been intrusted to the Bureau of Pensions, leaving the provisions as to insurance to be administered by the Treasury Department.

It is now too late to attempt to alter the situation in regard to allotments. With the disbandment of our great Army, the duties of the War Risk Bureau, with reference to allotments, will rapidly decrease to a vanishing point. The matters relating to insurance are of a more permanent character and will properly and, perhaps, adequately be administered by the Treasury Department. The matter of compensation, or pensions, growing out of this war is in its initial stages and is certain to develop to enormous proportions which will require legislative and administrative attention for years to come.

The mistake which your committee believes was made in this matter of substituting the system of compensation for the existing pension system can not be too promptly corrected. It is impossible to secure from the Bureau of War Risk Insurance any adequate information as to what has already been accomplished in the administration of article 3 as to compensation, and it is, of course, wholly impossible to forecast the probable expense, even for one year in the future, of the payments to be made under that article, or under the provisions of the general pension laws if article 3 should be repealed. Your com-

mittee are warranted. In the main, however, in stating, without hesitation, that the expense of administering the law as to compensation as it now exists must necessarily be incomparably greater than the expense of adjustment of claims which would arise under the general pension laws; and, furthermore, that the benefits to accrue to claimants under the compensation act would be far less than under the pension laws.

Since the foundation of the Republic there have been laws granting pensions, which have been added to from time to time, constituting one recognized system. All of the archives relating to such claims are on file in the Bureau of Pensions, including the War of the Revolution, the War of 1912, the War with Mexico, the Civil War, the War with Spain, and the various Indian wars, and not only the wars but the Regular Establishment as well. Thus, the pension history of the Government in all its various forms is found in the one place, as also the individual military or naval history of each claimant for pension. It is obvious that the continuity of this system is in the interest of economy and efficiency of administration, and also the uniform and equitable distribution of the bounty of the Government to its defenders and their dependents.

The act of October 6, 1917, for the first time in the history of the Government, breaks in upon the continuity of the pension system. It calls the bounty of the Government compensation instead of pension, but the purpose and meaning is exactly the same.

It has often been said, and the truth of the statement is admitted by at least some of the officials of the Bureau of War Risk Insurance that the provisions article 3 of the act of October 6, 1917, are incapable of being properly and fairly administered. The warrant for such an assertion may be found in a cursory examination of the provisions of that law. A feature which at once challenges attention is the fact that so much is left to the discretion, or judgment, or whim of the administrative officer. In section 301 it is provided that expenses of burial and return of the body to his home may be paid, not to exceed \$100 "as may be fixed by regulation"; and, again, "as between the widow and the children not in her custody and between children the amount of compensation shall be apportioned as may be prescribed by regulation." In section 302, with reference to payment of a nurse or attendant "such additional sum shall be paid, but not exceeding \$20 per month as the director may deem reasonable"; and, again, "the bureau shall, from time to time, readjust this schedule of ratings in accordance with actual experience"; and, again, "the amount of each monthly payment shall be determined according to the family conditions then existing." In section 303, with reference to medical examinations, "for all examinations he shall, in the discretion of the director, be paid his reasonable traveling and other expenses," etc. In section 306 appears the language, "or within such reasonable time thereafter, not exceeding one year, as may be allowed by regulation." In section 309 "time herein provided may be extended by the director, not to exceed one year for good cause shown."

It is respectfully submitted that it is not in the interest of good administration that, in matters so vitally affecting the well-being of so large a class of deserving applicants, so much should be left uncertain, indeterminate, and subject to the varying judgment of those appointed for the time being to administer the law.

The compelling argument, however, in favor of the repeal of the law so far as it relates to compensation, and the substitution thereof of the pension laws, is found in the inadequacy of the rates provided and the unfair discrimination against the beneficiaries of this act as compared with those receiving the benefits of the pension laws. It would be very interesting and of first importance to present a detailed comparison of the rates allowed for compensation and the rates allowed for pension for like disabilities if this were possible. For a very surprising reason, however, it is not possible.

Section 302 provides: "A schedule of ratings of reductions in earning capacity from specific injuries or combinations of injuries of a permanent nature shall be adopted and applied by the bureau." It is now nearly two years since this law was enacted, but up to the present date no such schedule of ratings has been adopted, as will appear from the following letter of the Director of the Bureau of War Risk Insurance, addressed to the Representative in Congress who introduced the bill now under consideration, and the further fact that similar information was received by him from the director, by telephone, on August 27, 1919:

TREASURY DEPARTMENT,
BUREAU OF WAR RISK INSURANCE,
Washington, June 25, 1919.

Hon. JOSEPH W. FORDNEY,
House of Representatives, Washington, D. C.

DEAR MR. FORDNEY: I am in receipt of your letter of June 3, 1919, in which you inquire what compensation is being paid to soldiers and sailors for different degrees of disability.

In reply, you are informed that at the present time a board of officers appointed by the Chief Medical Adviser is sitting for the purpose of preparing a table of ratings of disability. You can very readily understand that this is a matter of requiring not only the exercise of technical skill of a very high order but the results of actual experience as well. In view of these facts the bureau has been conducting its ratings upon a tentative table. It is now felt that sufficient experience has been had upon which to base a more suitable table. As previously stated, this table is now being prepared in consonance with the war risk insurance act. You will recall that the act authorizes the revision of this table from time to time and it is my intention that such revisions shall be made at stated intervals in order that compensation claims may be made with full justice to beneficiaries of the War Risk Insurance Bureau and the General Government.

A copy of this letter is inclosed for your use.

Very truly, yours,

R. G. CHOLMELEY-JONES,
Director.

Certain comparisons of rates can, however, be made with confidence, based on individual instances, which have come to the attention of Members of Congress and others. The contrast is, perhaps, most striking with reference to amputations of arms or legs. Compensation is provided by the law (sec. 302) for total disability, if he had neither wife nor child living, \$30 per month. For partial disability "the monthly compensation shall be a percentage of the compensation that would be payable for his total disability, equal to the degree of the reduction in earning capacity resulting from the disability." The rate of pension allowed under the pension laws for the loss of a hand or a foot is \$40 per month. It is stated by the author of this bill that in a case coming to his personal attention the soldier was in receipt of \$7.50 per month as compensation for loss of a foot, this being based apparently upon an estimated 25 per cent of the rate of \$30 allowed for total disability. Similar instances have doubtless come to the attention of many Members of this House.

It is certain that in no case can compensation for loss of a limb exceed the rate of \$30 per month, whereas the pension for an amputation below the elbow or knee is \$40 per month; amputation above the knee or elbow, \$46 per month; and if so near the hip or shoulder as to prevent the use of an artificial limb, \$55 per month. This results in an anomaly. A soldier who lost a limb in the line of duty prior to October 6, 1917, receives a pension of \$40, \$46, or \$55 per month, whereas a soldier with a like disability incurred on or after October 6, 1917, receives a compensation of \$7.50 per month, or, in some cases, possibly \$30 per month, but in no case more than that, if he have no wife, or child, or widowed mother dependent on him. This leads to another curious feature of this act. If the soldier receiving \$7.50 per month for the loss of a leg should take unto himself a wife his compensation would be increased to \$11.25 per month. If he have also one, two, or three children living, a slight additional increase will be allowed, but nothing additional for a fourth, fifth, or sixth, or any additional child.

The law provides that "the amount of each monthly payment shall be determined according to the family conditions then existing." To administer this requirement it is necessary to ascertain before making each monthly payment whether the unmarried soldier has married, whether the married soldier has lost his wife, whether since the last check was issued another child has come to bless his home, or whether the number of children has been reduced by death. The almost impossibility of properly administering this provision of the law is apparent.

The bill now under consideration has been carefully prepared with a view, not only of substituting the pension laws for the compensation law in case of soldiers serving since October 6, 1917, but to safeguard what might be called vested rights already acquired under the compensation law, and also to continue in force certain provisions in the war-risk insurance act, more or less

remotely related to the subject of compensation, such as the furnishing of reasonable governmental surgical and hospital service, and the rehabilitation, reeducation, and vocational training of certain beneficiaries; also to incorporate into the pension laws a few items in the compensation law which are believed to be just and reasonable, such as including those increasing the rates allowed to widows and dependent parents, and also extend the provisions of existing pension laws to members of the Army Nurse Corps (female) and the Navy Nurse Corps (female).

The rate of pension allowed to widows of private soldiers of the Regular Establishment is \$12 per month with \$2 additional for each minor child. It is provided in section 3 of the bill under consideration that the rate of pension shall be \$25 per month, as now provided by the compensation act, with \$5 additional per month for each minor child. A further reason for increasing this rate to \$25 per month is that that rate is now allowed by the pension laws to the widows of soldiers who served in the Civil War and the War with Spain, though not to those in the Regular Establishment. The rate of pension allowed to a dependent father or mother is now \$12 per month, and it is herein provided that the rate be \$20 per month, as now allowed by the compensation law.

Section 4 provides that the Secretary of the Treasury shall transfer to the Bureau of Pensions such records and documents as may have been filed in the Bureau of War Risk Insurance in connection with claims for compensation.

Section 5 provides that nothing in this proposed act shall be construed to reduce or terminate the amount allowed for compensation heretofore made by the Bureau of War Risk Insurance, but payments of such allowances shall be continued out of appropriations for the payment of pensions, but that any beneficiary of an allowance for compensation heretofore made may surrender such allowance and receive the benefits of existing pension laws in lieu thereof.

Section 6 provides that rank in service shall not be taken into consideration in fixing rates of pension, thus adopting a provision found in the compensation law, and also that every formal application for compensation heretofore filed in the Bureau of War Risk Insurance shall be accepted as a formal application for pension.

Section 8 repeats the provisions of the third paragraph of section 302 of the war risk insurance act in regard to medical, surgical, and hospital services.

Sections 9, 10, and 11 repeat certain provisions of the war risk insurance act in regard to various matters heretofore referred to.

The question of economy of administration is a very important one. Your committee is informed that there are now employed in the division of compensation, in the Bureau of War Risk Insurance, 1,411 clerks. There have been filed 284,899 claims, of which 193,970 have been allowed, leaving about 90,000 claims unadjudicated or rejected.

The total number of pensioners on the rolls July 1, 1919, was 624,427. The number of such pensioners is being reduced at the rate of more than 20,000 a year. The addition to this roll of 194,000 persons who have been allowed compensation would not require any material addition to the force or equipment employed in the payment of pensions.

It is assumed that the number of clerks employed in the adjudication of compensation claims, 1,411, is exclusive of the disbursing force of that bureau. The entire force of the Pension Bureau provided by law at the present time is 904. Of this number 190 are employed in connection with the making of quarterly payments of pension, leaving 714 who may be said to be engaged in the adjudication of claims, provided no vacancies exist. The number of claims pending in the Bureau of Pensions July 1, 1919, was, in round numbers, 55,000. It thus appears that the Pension Bureau, with 55,000 claims pending, has an adjudicating force of less than 714, or about one-half as many as the compensation division of the Bureau of War Risk Insurance, with claims pending and rejected aggregating about 90,000.

It is confidently believed that the addition of 300 clerks to the present force would enable the Bureau of Pensions to take care of the additional work which would be devolved upon it by the enactment of the proposed bill. The employees of the Bureau of Pensions are peculiarly efficient in the adjudication of claims for pension. The building which they occupy was constructed especially for the use of that bureau. It is arranged conveniently for that class of work. It has a filing system which is well-nigh perfect. The rules of practice are fully formulated, readily accessible, and easily applied. They represent the accumulated wisdom of years of work of this character.

The Pension Bureau has a force of medical examiners which is available and readily accessible to claimants in every part of the United States, and has arrangements by which medical examinations of applicants may be had in any part of the civilized world. The boards of examining surgeons organized and equipped under the control of the Bureau of Pensions number more than 1,200, located in 48 States. These boards are maintained at a minimum cost, for the reason that each member is paid only for the examinations made by him. The bureau has a small, compact, highly organized, and efficient force of special examiners whose duty it is to make inquiries in the field in regard to questions of particular importance or difficulty. The decisions of the Commissioner of Pensions are subject to appeal to the Secretary of the Interior, thus adequately safeguarding the rights of claimants. The Pension Bureau has exceptional facilities for the payment of pensions. It is believed that very little, if any, additional expense would be necessary for mechanical equipment. The machines in use are equal to a far greater burden than they are now called upon to bear.

Without going further into detail, it is asserted with confidence that the enactment of the bill under consideration would result in a saving of the services of at least 1,000 clerks, at an average compensation of \$1,500 per annum each, amounting to \$1,500,000 annually.

The committee unanimously recommends that the bill do pass.

STATEMENT RELATIVE TO SOLDIER REHABILITATION WORK UNDER THE FEDERAL BOARD FOR VOCATIONAL EDUCATION.

DIVISION OF REHABILITATION FOR
DISABLED SOLDIERS, SAILORS, AND MARINES,
Washington, January 4, 1921.

On the 1st of July, 1920, the Federal board had the names of 242,500 men whose status had been or was to be investigated to determine whether or not they were eligible for vocational rehabilitation under the terms of the rehabilitation law. On December 1 the board had added to this number 52,130 names, making a total registration of 294,643. During the same period of time the number on which final action had not been taken decreased from 56,940 on the 1st of July to 27,833 on the 1st of December. In other words, while the actual registration was increasing, the number of men awaiting final action had materially decreased until on the 1st of December the number awaiting final action was one-third of the number finally acted upon since July 1, or approximately one-half of the number of new men with whom the board had come in contact since the 1st of July had received final action.

If the board had no new names referred to it and worked as rapidly as it worked during the approximately 100 working days from July 1 to December 1, it would require a little over a month to clear all men awaiting final action. The reason that this number is awaiting final action is that it is difficult to determine whether or not the disability from which the man is now suffering is traceable to his war service. As the months go on it will be more difficult to connect the disability with the service for men with whom we have not yet established contact.

On December 1 we had declared as eligible for Section II training 94,250 men, for whom training was feasible, and 11,379 men, for whom training at the present time was not feasible on account of physical condition.

On the same date we had declared as eligible for training under the provisions of Section III 66,097, while an additional 9,105 were

eligible for such training if they were awarded compensation by the Bureau of War Risk Insurance.

At this time approximately 75,000 men have been entered in training, of whom 5,000 are in training in the 130 hospitals, where we now have employed about 400 teachers. Of the 75,000 about 7,500 entered under Sections III and VI.

There are now in training about 5,000 in hospitals, about 6,000 in Section III, and about 54,000 in Section II, or a total now in training of 65,000.

This can not be compared with any other country. The nearest approach is in Canada, where, on November 30, 1920, 38,374 men had entered training. Probably the next country to approach the United States is Great Britain, which, like Canada, began the work of rehabilitation some two years or more before the United States began it and which up to June 8, 1920, had entered in courses in higher education about 3,900 disabled men; in agriculture about 3,100; in "offices and works" about 1,500; and in trades and industries under the ministry of labor 36,000, making a total of 44,500 who had been entered in training in Great Britain. At that time there were awaiting training opportunities, according to official records, 23,098 men, while the total number on the waiting list it was estimated would reach 50,000.

In connection with the above figures it must be borne in mind that every one of the men in the United States who have been deemed eligible for training have been offered training, and those who are not in training are out because of their own wishes or own action in either deferring or declining the training offered, while in Great Britain the authorities specifically state that these men are awaiting training because of lack of training facilities. The United States has followed the plan of using existing educational institutions and existing shops and factories, all of which could expand to meet the needs of the service.

The Federal Board for Vocational Education does not hesitate to make the statement that every man who has a major amputation or an obvious disability with whom it has come in contact has been awarded vocational training. The Government is ready when the man is ready.

In order to give the men training as early as possible training centers have been established in 130 different hospitals where more than 5,000 men are now being taught a variety of subjects by nearly 400 teachers. The plan is to make training a continuous process from the time the medical officer in the hospital gives it as his opinion that the disabled man can begin training until he is completely rehabilitated and is in profitable employment.

The rehabilitation service will always be a more or less expensive service. The responsibility of the Government does not end with the approval of the men for training and with the giving of a letter of introduction to one of the 1,800 educational institutions or one of the 8,500 shops or factories where men are now being trained into employment. In the first place, the man must be paid his maintenance allowance, and twice a month checks are sent to him from the United States Government. At present the first check is being mailed from Washington on an average of 16 days after the man enters training. The majority of commercial houses pay at the end of the month. The schools must be paid for tuition, books, supplies of all kinds, and

these must be paid under Government regulations for securing proper bids, etc.

It is necessary to follow the man to see that he is in training. This often requires a visit to his home if he is out of training because of his physical condition. He must be followed to see that he is making good in his training; and if he is not and can not make progress in the training prescribed, another course of training must be arranged for him. When he has made sufficient progress to justify it employment must be secured for him, and he could be followed into employment to see that it is suitable for one with his disability.

As an example of the situation with which we are at present confronted, a training officer in one of our large cities visited 100 different commercial establishments during the month of December and failed to find a single opportunity for the employment of a disabled man. The employees of the board are trying to look at the problem from the human side and to put the Government, as it were, "in loco parentis" to the man.

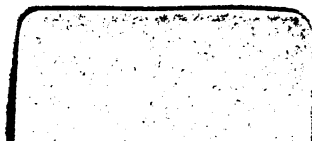
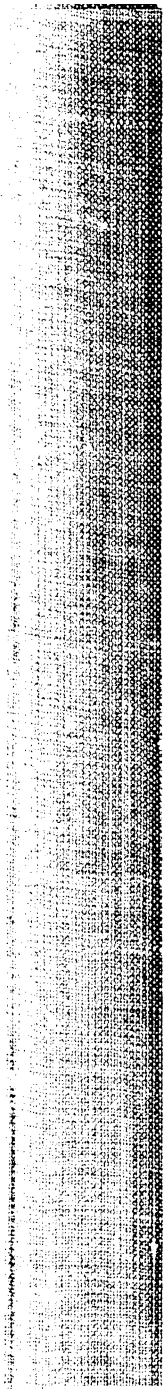
Those who have sought to advise with a few young men just out of their teens can appreciate something of the complexity of the task of advising, training, and securing employment for 75,000 men, varying in age from the mere youth to the man of nearly 60 years.

While it is true that the overhead expense will be relatively large, yet of the first \$50,000,000 which was spent by the Government up to and including September 30, 1920, more than \$35,000,000 went as direct payment to the men for their maintenance expense, while the balance represents the amount spent for the subsistence and travel of the disabled men while going to and from their places of training, the amount spent for their tuition, books, supplies, medical services, and for all administrative expense of the Rehabilitation Division of the Federal Board, including salaries, office rent, office equipment, travel of employees, communication, printing, and all other overhead charges. At present the total indirect or administrative expense is less than 13 per cent, while in the estimates for next year's appropriation the indirect or administrative expense is computed at about 12 per cent.

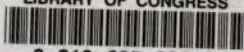
The newspapers sometimes carry stories of men who have failed to make good in their training. The small percentage of such cases get more attention than the large percentage of the men who are profiting by it. A man left New York City a few days ago to accept a position at \$3,600 as a result of his training. No newspaper carried the story. Another man showed a prominent citizen of the metropolis a contract which called for \$5,000 for his first year's work and \$10,000 a year thereafter, as a result of the training given him by the Government, but this story did not get into the public press. It is true that these are exceptions, but it is the rule elsewhere, as it is at Northwestern University, that the Federal Board trainees rank higher than the other students in the institutions, though the ex-service men have less academic preparation, although they are older and more experienced. The dean of the school of accounting of the University of Denver states that there is no finer group of men anywhere than the 150 men attending the university as wards of the Federal Board. The reports from the hospitals are that men who are taking vocational training are much more satisfied

and are making better progress physically than men who are not. The newspapers carry stories of the wonderful work which the Red Cross Institute at Evergreen is doing for men blinded in the war, but they fail to say that every ex-service man in the institution is sent there by the United States Government, is paid his allowance by the Government, while the Red Cross Institute is supported largely by the tuition fees for these students which are paid by the United States through the Federal Board for Vocational Education. The work for retraining all special classes, such as men suffering from speech defects, from tuberculosis, and from mild mental disorders is no less remarkable.

The record of the past year is shown by the report to Congress dated December 1. A careful reading of that report would show that Judge Robert S. Marx, of the Superior Court of Cincinnati, himself a disabled man, was right when he said that he knew of "no comparable enterprise in the industrial world which has ever been built up to such magnitude in such a short space of time."



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